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ORIGINAL COMMUNICATIONS.

A CASE OF EXPULSION OF A LARGE SUB-MUCOUS FIBROUS TUMOR OF THE UTERUS PER VIAS NATURALES, OR COLPO-MYOMOTOMY. *By* JAMES H. ETHERIDGE, A. M., M. D., *Professor of Therapeutics in Rush Medical College, Chicago.*

[Read before the Chicago Medical Society, December, 1885.]

Mrs. A. B., aged forty-three years, married twenty-eight years, mother of three children, first suffered from menorrhagias six years ago. Three years ago this fall I first saw her. She was losing an alarming quantity of blood at a menstruation then. Ergot seemed to be all that was needed at that time. Since then she has had dangerous hæmorrhages every fall. During the settled cold weather of winters, and in the springs and summers I have seldom had occasion to see her.

The first thorough examination permitted, in 1882, revealed the usual objective symptoms of an enormous sub-mucous, uterine, fibrous tumor. The top of the *fundus uteri* extended one inch above the umbilicus. The lateral diameter equaled its longitudinal diameter. The sound was passed into the uterus eleven inches. Very little, or no rectal or vesical dis-

turbance was ever experienced. The principal inconveniences experienced were hæmorrhage and a "high stomach."

Generally speaking, she has been an exceptionally healthy woman. She has had a great many induced miscarriages—cannot tell how many. She has been repeatedly brought to death's door from the hæmorrhages following abortions. Aside from these experiences, she has never been sick except when in childbed. There appear to have been no attacks of localized peri-uterine peritonitis, so very common in the history of uterine tumors. Her recuperative powers are simply astonishing. She seems to belong to the class of women that, Keith says, "cannot be killed."

Two years ago this fall I visited her for a hæmorrhage so severe that a sponge tent had to be used. Its use was supplemented by ergot and rest. She was blanched to a surprising degree. However, in a few days she was up and around, and in her usually vigorous health. During the winter months following, she had several menorrhagias but I was not summoned, she, instead, resorting to rest and ergot, and recovering as usual.

On November 12th, 1884, I was summoned to care for her in a most unpromising condition. She had been under the care of a homœopathic physician called to her when she was having her customary frightful first hæmorrhage of the autumn. It was then thought best to retain him in charge of the case. During his care of her, a consultation was held with a regular physician who deemed incisions of the cervix the proper thing to do to prevent repetitions of the hæmorrhages—a proceeding first adopted by Baker Brown. This cutting procedure was followed by a double crural phlebitis and its resultant enormous anasaruous distension of the legs.

The hæmorrhage had left her almost exsanguinated. Diurnal

development of fever late in the afternoon showed the "malarial" complication of the case. A stomach without sufficient blood to enable it to digest the simplest and blandest articles of food had been made to receive every six hours, fifteen minims of *Hydrastis Canadensis* Fluid Extract and twelve minims of *Aromatic Sulphuric Acid* for a period of six weeks. *Hydrastis* was administered to "spoil," destroy, clear out, annihilate, abolish, or cure the tumor—or to do something else to it. The wonderful property of curing uterine fibrous tumors has been ascribed to *Hydrastis Canadensis* by the homœopathic physician attending my patient. He fortified his opinions by writing a pamphlet on the use of *Hydrastis Canadensis* in treating uterine fibroids, and the patient having read the reprint, *knew* that *Hydrastis* would cure her! Every experienced physician understands what it means when a patient *knows* what will, and what will not cure a certain malady. It is much easier to calculate eclipses than to persuade such persons that it is possible that they are misinformed.

The inability to take food was immediately diminished and soon abolished after stopping the sulphuric acid. She rapidly began to renew her blood, the pallor gradually disappeared and in less than thirty days she was up and around her room, and in sixty days she was off on a journey.

During the remainder of the winter, the spring and summer, up to the time of her customary autumnal hæmorrhage, she had enjoyed exceptionally good health.

This last hæmorrhage began October 8th, 1885, and was allowed to go on twenty-four hours before I was summoned. I saw her at 5 A. M., and used a sponge tent at once. It was soon forced out, and at 4 P. M. I introduced three sponge-tents into the cervical canal and gave her an enema of 90 minims of Fluid Ex. Ergot, and then the trouble began.

Such powerful uterine contractions followed this use of ergot, with their accompanying pain, that the capsule of the tumor was ruptured. The hæmorrhage ceased at once and permanently.

She had, however, lost so much blood that her lips were colorless and the cardiac movements irregular and jerky. The foot of the bed was considerably elevated, and food and stimulants were freely used. Two days thereafter a strong odor was first observed from the sanious vaginal discharge and examination revealed in the vagina the commencing extrusion of the gangrenous fibrous tumor. The next day the os was found completely dilated and about one pound of the tumor was pulled and cut away. Without exception it was the most disgustingly nauseating work that I ever did. The odor had become most sickening. The tumor was pul-taceous, excessively friable, and very difficultly graspable. The day following I succeeded in getting away about a half a pound of the tumor. Two days later I succeeded in cutting and dragging away about as much more. By this time the advanced portion of it was projected through the vulva and spread out over the labia in the shape of a whitish, salvey, sticky mass of ineffably nasty, malodorous putridity that was enough to test the equipoise of one's stomach to a most trying degree.

The uterine contractions with their resultant pressure were a most conspicuous feature of the patient's condition. She was incessantly under the exhibition of ergot, a fact that she was wholly ignorant of then, and is still, for aught I know. Much relief was always experienced when pieces of the growth were removed, in the operations.

Three days later, with the patient under ether, assisted by Prof. Parkes and Drs. Marcusson and Mitchell, of the Presby-

terian Hospital, I attempted to remove the entire remainder of the tumor. The attempt was only partially successful. About two pounds more were removed. Some small solutions of continuity of the vaginal tract were made during the operation this day and no sepsis followed, although a creamy, ichorous stream of gangrenous *débris* was constantly flowing from the uterus for several days thereafter, affording another illustration of inability to kill this woman by any common causes.

After recovering her consciousness from anæsthesia she went into collapse and nearly died. She became pulseless, delirious, cyanotic, the breathing was very labored and sputtering, intense restlessness supervened, vomiting came on and she bade fair to expire in a few moments. I never saw a human being approach so closely to the portals of death and not enter them. Brandy by the mouth, rectum and hypodermatically, hot applications externally and digitalis under the skin seemed to save her. Six ounces of brandy were used in less than two hours. After a time she reacted fully and soon began again the use of concentrated food and free stimulants.

Five days thereafter I was enabled alone to cut, pull and tear away about one pound more of the tumor. By this time she was in a most unpromising condition. She was becoming icteric, her stomach rejecting nearly everything and yet she was tormented by incessant thirst. Her pulse was becoming progressively weaker. The rectum was the only means remaining to nourish her through, and around this viscus an abscess in the cellular tissue had begun developing. In addition to this, several small abscesses began to trouble her greatly where the sub-cutaneous injections of brandy and digitalis had been made. The horrible fetor of the vaginal discharge was unabated.

Five days later another and final attempt at removal of the tumor was made, and I was enabled unaided, to remove nearly

a pound more of the growth. During the five days preceding this last attempt at removal the uterus had decreased in size quite rapidly. The fetid vaginal discharge had been exceptionally free, showing that the uterine contractions from ergot were a powerful adjunct in effecting expulsion. At this last operation I was enabled to secure a large part of the pedicle with the *écraseur*. An attempt at securing a second piece, similarly, resulted in breaking the *écraseur*-wire three times. Fortunately I was able at this operation to grasp and cut away considerable pieces of the stump.

In all of these operations it was impossible to do more than was done at each sitting. The patient became easily exhausted and could endure no longer. When I etherized her, I expected to remove the entire mass, but the extreme friability of the accessible portion of it utterly precluded drawing it down. Everything depends on the possibility of pulling down the mass when it is desired to remove the whole tumor. In this case I was reduced to the necessity of subjecting the patient to several operations and of letting her run her chances of escaping fatal septicemia. When enough of the tumor was within reach to remove she was subjected to a repetition of the trying ordeal. Each succeeding operation was productive of more and more exhaustion.

From the beginning to the end of the time of the discharge, per vaginam, of the deliquescent putridity of this growth was a period of fully three weeks. During nearly all of that time I was almost sure that she would succumb. All authorities agree in saying that a very large share of patients who shed uterine fibrous tumors by gangrenous disintegration, die of blood poisoning. Consequently I fully expected my patient to die.

I can only estimate approximately the probable weight of the tumor. I removed—I should say—about six pounds, by

weight, of it. It is fair to estimate that, *at least*, as much more came away in a semi-liquid form, for, during a period of fully twenty-one days there was an incessant flow of a yellow stream of gangrenous detritus from the uterine cavity. Hence the conclusion may be safely reached that the tumor must, originally, have weighed 12 or 13 pounds.

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REPORT OF A CASE OF PELVIC ABSCESS, WITH REMARKS UPON
THE TREATMENT. *By* HENRY T. BYFORD, M. D., *Chicago.*

(Read before the Chicago Gynecological Society, December 18th, 1885.)

Mrs. T., aged twenty-five years; married five years; German descent; of nervous temperament; small and slight in figure, but in good general health, consulted me, during the fall of the year 1884, for sterility and dysmenorrhœa. She had never menstruated without pain, but had otherwise enjoyed good health. An examination revealed a small uterus and cervix, with acute ante flexion and consequent apposition of the anterior and posterior uterine walls. Slippery elm tents, used about once in eight days, alternated with glycerine tampons, had for their effect a gradual relief of the dysmenorrhœa.

About the middle of the following February, I was called to her house to treat her for pelvic cellulitis, contracted a week before while returning home from a dance. The whole pelvic connective tissue seemed involved, and large tender lumps could be felt externally in the left iliac region.

Six weeks from the beginning of the attack, an abscess opened into the anterior wall of the rectum, about two inches from the external anal orifice. On account of the extreme debility of the patient, her horror of operative procedures, and

the absence of any well marked fluctuation, all surgical interference with the suppurative process had been out of the question.

Attempts were then made at thorough antiseptic treatment; but neither elastic nor flexible metal tubes, although easily introduced into the abscess, could be tolerated there longer than a few hours at a time. Antiseptic irrigations, of carbolic and boracic acid solutions used four times a day, were then relied upon, but were inefficacious, for the pockets often discharged foul-smelling pus soon after the dressings.

In the meantime the pulse remained in the neighborhood of 120°, and the temperature fluctuated between 99° and 102° F.; attacks of acute suffering and septicæmic diarrhoea required opiates for their relief; the bacillus tuberculosis was discovered in the pus; yellow pigmentary deposits covered her face, and emaciation became extreme, her weight ranging between eighty-two and eighty-three and one-half pounds. Her courage began to fail, and finally, after the concurrent recommendation of the consultants, Drs. Wm. H. Byford, J. E. Owens, Geo. M. Chamberlin and Martin Matter, she consented to an operation.

Accordingly on the 6th of June Dr. Wm. H. Byford operated according to his usual method in such cases. After etherization, he forcibly dilated the sphincter of the anus, tore open the fistulous track with the finger, and then enlarged the opening in the same manner, in the direction of the lowest part of the cavity, until it readily admitted two fingers. I then made a digital examination, and found the abscess to extend across the pelvis, behind the uterus and broad ligaments, to a point above the level of the fundus uteri on the left side, and to be filled with bands and projecting masses of granulation-tissue of about the consistency of freshly coagulated blood. Previous treatment, except to diminish and control the septicæmia,

had evidently been a complete failure. All of this medullary tissue was then scooped out with the finger and the cavity thoroughly cleansed with a two and a half per cent. solution of carbolic acid.

The highest temperature after the operation was 99° F., on the day following. Perfect drainage had been secured, for at the time of each dressing no pus was found inside of the abscess.

June 12th. Abscess-opening still an inch in diameter, without any apparent induration about its edges. Temperature normal. Patient allowed to get up. Expressed herself as feeling perfectly well.

June 16th. Took a buggy ride with benefit. Weight eighty-four pounds.

June 23d. A little pus found in the abscess at each dressing. Sphincter ani firm and contracted, causing some trouble by retaining pus, and interfering with irrigation. Attempted forcible dilatation with the aid of cocaine hydrochlorate, but failed to secure sufficient anæsthesia. Abscess-opening contracting.

June 25th. A. M., temperature 99 2-5° F.; P. M., 99 3-10.

June 28th. A. M., temperature 98 4-5. Not much discharge. Pain in iliac region and breasts, such as she formerly felt before menstruating. Abscess-opening almost closed by the uterus being drawn back over it. Would not consent to another operation.

June 29. An increase of discharge.

June 30. Dilated the abscess-opening with a large sponge tent, and washed it out thoroughly.

July 1. Temperature normal. Pains gone. Weight eighty-eight pounds.

She was now allowed to visit her relatives in Chesterton,

Indiana, where she came under the care of Dr. D. D. Marr. He continued the antiseptic irrigations, and used sponge tents as often as the opening contracted. He reported to me as follows:

"July 8th. Patient has gained two and a half pounds in weight. Pulse 115.

"July 16. Gain of half a pound. Less discharge. A suppository of iodoform is left in abscess after each dressing.

"July 28th. Patient much improved. Rode twenty miles a few days ago in a buggy. Heavy deposits of phosphates in the urine. A pocket of pus is giving trouble by filling and discharging. Iodoform insufflations commenced.

"Aug. 12th. Abscess was closed up for a few days. This was accompanied by night-sweats and pains, and was soon followed by a copious discharge of fetid pus."

After consulting together we decided to allow a solid piece of sulphate of copper to dissolve in the abscess-cavity.

Aug. 20th. The doctor writes: "Owing to an epidemic in a little village near here I have been very busy and put off reporting Mrs. T's condition. I placed a piece of sulphate of copper, weighing a dram and a half, in the abscess (well up), which had a most wonderful and I hope happy effect. * * * The opening of the abscess, previous to the using of the sulphate, was contracted, thickened and indurated, so that it was quite difficult to introduce a finger, but after the use of the remedy the induration and thickening disappeared, so that two fingers can be inserted, and the opening seems thin and quite dilatable. I believe this action has extended over the whole abscess wall, with the exfoliation of the pyogenic membrane, which came away in shreds and patches (much to my surprise). The only inconvenience was that there was somewhat of a seeping of the sulphate into the

"rectum, which resulted in some irritation. Mrs. T. is improving, and feeling stronger and greatly encouraged."

The abscess healed rapidly after this. Her pulse became normal, and her appetite unusually keen. By the first of September, two weeks after the cauterization, she had gained thirteen pounds, declared herself to be as well and strong as ever in her life, and was visiting all over the town in almost childish enjoyment of her regained health and vigor. A shallow depression was all that was left of the abscess. The menstrual flow had not shown itself since the commencement of her illness.

Early in September she was attacked with the then prevalent epidemic, dysentery, and died on the 23rd instant.

At the post-mortem examination, made about thirty hours after death, I was somewhat hampered on account of a promise, exacted by the husband, that no organ should be taken out of the body, and by the fact that I had but thirty minutes for work before train-time. The body had again become extremely emaciated. Abdomen was flat. An incision was made from a little above the umbilicus to the pubic bone. The pelvis was filled posteriorly with a solid mass of plastic tissue, which had drawn the uterus backwards to within about half an inch of the sacrum, so as to put the anterior vaginal wall upon the stretch, and had buried the uterus and other pelvic organs in its substance. Both round ligaments were seen issuing from this mass. It was necessary to cut down about half an inch before reaching the depressed uterus, and to tear through solid tissue behind it to arrive at the rectum below. The finger broke through into the rectum, behind the dimpled cicatrix that marked the site of the former outlet of the abscess. The left broad ligament was then felt to be represented by, or inclosed in, a tough band half an inch thick

antero-posteriorly, extending from the uterus to the left side of the pelvis. The left ovary could not be found. A small flat piece of what seemed to be ovarian tissue was found adhered to the bladder on the right side. The right broad ligament was apparently disorganized and inseparable from the plastic deposit. The rectum was held inflated at the point where it issued from the pelvis, was dark colored and injected on its external surface, and blackish and softened on the internal. Neither the appearance nor the odor of an abscess could anywhere be discovered.

Allow me in this connection to quote the following extracts from a letter, written to me by Dr. Marr on the twenty-eighth day of the same month :

"Yours of the 26th is at hand. * * * Owing to the "hurried examination, I extended it somewhat after you left, "with the result of fully confirming your views of the uterus "and its appendages. * * * I extended the examination "to the alimentary canal, and found the conditions peculiar to "that disease (epidemic dysentery) extending over the whole "of the large intestine and a part of the smaller, with intense "congestion of the stomach and peritoneum. The mucous "membrane of the larger bowel was very dark, ulcerated "and sloughy, the inflammation extending to the muscular "coat."

There seem to have been two hinges, as it were, upon which the treatment of this abscess turned: First, the operation per rectum; second, the cauterization by sulphate of copper. Both secured a large opening at the lowest portion of the pyogenic cavity, and brought away the unhealthy granulation-tissue. Had the patient consented to have the unobstructed outflow of the pus maintained by one or two subsequent dilations, similar to the first one, the cure would undoubtedly have been more rapid. As it was, the contracting sphincter

and abscess outlet rendered the drainage and irrigation imperfect. Progress toward recovery was, however, again inaugurated upon the melting away, by the sulphate of copper, of the newly and imperfectly formed cicatricial tissue, reproducing the opening made at the time of the operation; and by the destruction of the degenerative deposits, and cauterization of the chronic pyogenic surface. The only kind of treatment preferable to this free drainage and clearing out method, is the strictly antiseptic, which, after the pus has once found a way into the rectum, can only be accomplished by first closing this septic inlet.

The treatment by a counter opening in the vagina is much less preferable, because a recto-vaginal fistula, difficult of cure, and liable, like anal fistula, to inoculate the system with tuberculosis, would be left.

The treatment by abdominal incision cannot for a moment be entertained, for at least two reasons:

1st. It is necessarily followed by a recto-abdominal fistula of great length, which is incapable of being promptly cured, and is apt to become an unfailing source of systemic infection. Those patients already operated upon, as far as reported, have usually either died shortly, or within a year or two, imperfectly cured. They would have, on an average, lived about as long without the operation. In fact, it is not impossible that one such, whom I had, previous to the operation, an opportunity of watching for a short time, would finally have recovered through the process of nature. To operate as does Lawson Tait, before the abscess has discharged, and then treat it antiseptically through its single opening, is an entirely different matter.

2nd. The danger of an abdominal incision should never be incurred without a prospect of compensation in the way of

bettering the patient's chances of recovery. Neither theory nor practice as yet proves such compensation to be attainable.

In some cases one dilatation per rectum, without after-treatment, has sufficed for a cure; in other cases two or more, with subsequent antiseptic irrigations, have become necessary. But as a general rule it may be said that, unless instituted too late, the procedure is safe and the recovery sure.

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EDITORIAL.

THE AMERICAN PUBLIC HEALTH ASSOCIATION has become one of the permanent institutions of the country. Its inception dates back only a dozen years, but in that short time it has collected and published in its annual volumes a large amount of practical and most valuable information upon all subjects connected with public health. It is not a medical society, nor is it a society of sanitary engineers, nor is it made up of health-officers. In fact it is an association where any one, who takes an interest in the problems affecting the physical well-being of society, may meet and attempt, at least, to solve these problems. No pathy, no creed, no code, no sex, no nationality excludes any one from membership or office. It attempts to do for the American people what health-congresses and similar national organizations are trying to do for the peoples of the old world. Such measures and such studies on the part of the non-professional public are peculiar to this last half of this nineteenth century. In former generations it was fashionable to despise the body and look only after the

welfare of the soul. It is true, there was an old maxim that "cleanliness is next to godliness", but it was accepted as a figurative statement, or as articles in the Confession of Faith—doctrinal, not practical. It is a sign of better things, for the body at least, that from all parts of the United States and from Canada, such a large number of persons could think it worth while to visit Washington at the last annual meeting of the Association, and spend four days in the discussion of these great health-questions. We note with pleasure that the next meeting will be held in Toronto, Canada.

IN the December number of the JOURNAL AND EXAMINER a detailed account was given of preliminaries to the organization of *The Ninth International Medical Congress*, ending with the election, by the *Executive Committee* of the congress, of six additional members as authorized by the rules adopted for the government of the congress.

It appears that after the six newly-elected members had been officially notified of their election, a meeting was called, in Philadelphia, to confer as to the advisability of all or any of the newly-elected members accepting the positions to which they had been elected. The result of that meeting has been announced, in various journals of the country, in the following terms :

THE INTERNATIONAL MEDICAL CONGRESS OF 1887.—A meeting of members of the medical profession interested in the International Medical Congress in 1887, to which prominent medical men from a number of cities were invited, was held at the hall of the College of Physicians, Philadelphia, December 4, 1885, Dr. D. Hayes Agnew in the chair.

It was stated that official notice had been given of the election, as members of the present Executive Committee of the congress, of Dr. J. S. Billings, United States army, and Dr. J.

M. Browne, United States navy; Dr. Christopher Johnston, of Baltimore; Dr. George J. Englemann, of St. Louis; and Dr. J. M. Da Costa and Dr. William Pepper, of Philadelphia.

A general and strong expression of opinion was made in support of the American Medical Association and its Code of Medical Ethics, and sincere regret was expressed that hasty action on the part of the association, and the introduction of false issues, had imperilled the success of the congress. It was made entirely evident, however, that the acceptance of the above elections would not be regarded as affording any adequate guarantee for the future scientific conduct of the congress, and, consequently, would not be followed by any co-operation on the part of the leading members of the profession now unwilling to join in that work. As an evidence of the earnest desire which is felt for the restoration of harmony upon this subject, and for the reorganization of the congress on a basis which would command general support, and thus insure success, the view was unanimously expressed that if the present Executive Committee should unite with them the Original Enlarged General Committee, and recommence the organization *de novo*, this course would ensure the desired result.

The *Executive Committee* of the congress has seemed to manifest a desire to have the congress organized as a truly representative body, and has taken such steps to secure the co-operation of many prominent members of the medical profession in the United States who are not in the preliminary organization of the congress, as could properly be done, under the rules adopted by the Committee of Arrangements, before it transferred the affairs of the congress to the *Executive Committee*, and that *Committee* accepted the duties of that office subject to those rules. Of these Rule 10 limits the number of the *Executive Committee* to thirty members.

As the committee which presented the invitation at Copenhagen numbered eight, and to this was added the "General

Committee," which numbered twenty-eight, making thirty-six, that number alone would exceed by six members the number authorized as the limit of the *Executive Committee*, exclusive of any members of the Executive Committee. It appears that since that meeting in Philadelphia all six of the newly-elected members declined to accept the positions to which they had been elected, and it is understood that in so doing at least some of the six expressed a willingness to accept if the conditions proposed at the Philadelphia meeting should be accepted by the *Executive Committee*, conditions which, it would seem, are impracticable, if the rules adopted for the government of the congress are to be enforced, in which case it must be inferred that those six gentlemen and their friends, whom the *Executive Committee* appears to have desired to have cooperate, decline to do so, except on conditions which it is not in the power of the *Executive Committee* to accept, because of the existing rules, adopted before the *Executive Committee* came into existence, and which the *Executive Committee* has no authority to change.

It would seem as if that *Committee* had shown a just comprehension of its duties, in the trust confided to it, in electing those six gentlemen to official positions, and in leaving vacant the presidencies of three important sections, and, in addition, nearly all of the other most important offices in the various sections of the congress, which were not already filled, when the Executive Committee was appointed, by the *Committee of Arrangements*. It thus gave to those six gentlemen an opportunity to participate in filling those positions with such officers as might be deemed best qualified for them. It may be said that there was no necessity on the part of the Executive Committee of tendering these positions to those six gentlemen; but evidently the Committee

considered that it was the right thing for it to do, and having done it there are those who inquire what could have been the motive which prompted them to decline to accept their election, except upon a condition which they must have known would be in direct conflict with the rules already adopted for the government of the congress, according to the precedent set by each preceding congress.

Would it not have been better for the gentlemen themselves, and for the cause of humanity and of science, that personal preferences should have been subordinated, and that they should have met the Executive Committee in the same spirit in which the tender was made, in order to contribute to the success of so important an occasion, where good faith, professional pride and patriotism combine to make it the duty of the whole profession of our country to unite in a determined effort to make the next congress what it ought to be?

Since the well-known character of those six gentlemen precludes any other idea than that they earnestly desire that the congress shall be an eminent success, from every point of view, let us hope that further consideration will result in such modification of their action that they will not impose impracticable conditions when the *Executive Committee* shows a disposition to go as far to meet their wishes as its sense of duty and of honor will permit, in acting under the trust it has accepted.

SOCIETY REPORTS.

CHICAGO MEDICAL SOCIETY.

Stated meeting December, 1885. The President, C. T. PARKES, M. D., in the chair.

A CASE OF EXPULSION OF A LARGE SUB-MUCOUS FIBROUS TUMOR OF THE UTERUS, PER VIAS NATURALES, OR COLPO-MYOMOTOMY, was the title of a paper read by Professor J. H. ETHERIDGE. Mrs. A. B., aged 43 years, married 28 years, mother of three children, suffered from monorrhagia for six years past. She has had frightful hæmorrhages, but otherwise she has been healthy. In 1882, the first examination he was permitted to make disclosed a large sub-mucous, fibrous, uterine tumor, at the top of the fundus uteri, extending one inch above the umbilicus, its lateral diameter equaling its longitudinal diameter. A uterine sound was introduced eleven inches. There was no rectal or vesical disturbance. The only inconveniences experienced were the hæmorrhages and a "high stomach." The hæmorrhages have repeatedly brought her to death's door, but her recuperative powers were astonishing. Professor Etheridge then detailed her history for two years, during which time she had had several hæmorrhages, which were controlled by sponge-tents, rest and ergot. He detailed also the treatment by a homœopathic physician, which had consisted of incisions into the cervix uteri, and the administration of sulphuric acid and fluid extract of *hydrastis canadensis*, the latter remedy being extolled as a sure cure for uterine fibroids. On November 12, 1884, Professor Etheridge was called to see

the patient, whom he found in a pitiable condition. She was exsanguinated, feverish and dyspeptic. She was placed on tonic treatment and rapidly convalesced. In October, 1885, she had another hæmorrhage, which lasted twenty-four hours, before a sponge tent was introduced. This tent was speedily forced out. Three more sponge-tents were subsequently introduced, and an enema of ninety minims of fluid extract of ergot was given. Powerful uterine contractions ensued; the capsule of the tumor was ruptured, and the hæmorrhage ceased. Three days after that one pound of the tumor was pulled and cut away. The tumor was pultaceous, friable and accompanied by a disgusting odor. On the day following, one-half of a pound of the tumor was taken away, and two days later as much more. Three days later the patient was put under the influence of ether, and Professor Etheridge attempted to remove the remainder of the tumor, but only succeeded in removing two pounds more. After this operation, the patient went into collapse and nearly died. However, she recuperated so rapidly that in five days thereafter he removed another pound of the tumor. Five days later he succeeded in getting away another pound and the pedicle. The uterus, during the ten days past, had decreased rapidly in size, and the fetid vaginal discharge had lessened. During the three weeks in which the six pounds of gangrenous mass were removed, he expected the patient would develop sepsis, but none occurred. As the patient was continually under the influence of ergot, and shreds of the tumor came away between the times of the operations, it is safe to estimate the weight of the tumor at thirteen pounds. The points of interest in the case were that the hæmorrhages recurred most severely in the autumn, which was probably due to the changes in the circulation incident to the occurrence of

cold weather; and also that, in order to remove these tumors expeditiously, it is imperative that we should be enabled to draw the tumor down into the vagina, where it can be grasped, and, at the same time, to continuously contract the uterus behind the descending tumor so as to facilitate traction and to avoid hæmorrhage.

THE PRESIDENT remarked that this case teaches the lesson of the importance of early interference in fibrous tumors of the uterus, especially those that are large and accompanied by hæmorrhages, which facts indicate that they are close to the mucous membrane, and under the effect of the contraction of the muscular fibres of the uterus, and thus susceptible to the influence of ergot.

DR. JACOB FRANKS then detailed A CASE OF VESICAL CALCULUS, in which lithotripsy was attempted. A Bigelow lithotrite was introduced, which grasped a stone measuring two inches. Upon turning the screw the instrument broke, and in consequence of the accident a portion of the instrument was left in the bladder. On the next day the lateral operation of lithotomy was performed, and the calculus and the broken piece of the instrument removed. The patient made a good recovery.

The Society then adjourned.

CHICAGO MEDICAL SOCIETY.

Stated Meeting, December 7th, 1885. THE PRESIDENT, C. T. PARKES, M. D., in the Chair.

Pneumonic Abscess was the title of a paper by Dr. Edward F. Wells, of Minster, Ohio. He incorporated in his paper the histories of a number of cases which recovered under expectant and medical treatment. In an experience with 413 cases of

pneumonia, abscesses occurred nine times. In closing his paper, the author said that he had arrived at the following conclusions :

1. The issue of pneumonic fever in abscess is rare, but this rarity has been greatly overestimated.
2. These abscesses vary much in size and are most frequently found at the base of the lung.
3. They may in some instances, after pneumonia, be caused by excessive jarring or other motion.
4. They are usually formed rapidly.
5. In some rare instances the purulent contents may degenerate into a cheesy mass, to again soften, liquefy and be discharged.
6. The symptoms and signs are quite distinctive and sufficient for an accurate diagnosis.
7. The majority of cases recover, but in a certain proportion a cure is impossible.
8. Expectant and medical treatment, thus far, has given the best results, and the majority of cases should be managed upon this plan, but, under certain conditions, the most radical measures for relief are not only justifiable but imperatively demanded.

PROFESSOR CHRISTIAN FENGER said that an interesting point in the paper is that the author takes the ground of the clinical and, perhaps, conservative man. Dr. Wells claims that we should not operate on the small abscesses, but only on large ones, as the latter are the more dangerous. Professor Fenger believed that we should operate on all of them when indicated. Buhl, in Christiania, has operated on nineteen cases in which there were cavities. Up to the present time, we have reports of about thirty cases in which operations have been performed, but only seven of these cases have been such as reported by

Dr. Wells, or abscesses incident to pneumonia. Since there have been only seven cases of abscesses of the lungs, incident to pneumonia, it stands to reason that these cases were severe ones, and that the abscesses were large. Professor Fenger did not believe there had been much operating on small abscesses as yet; however, he would advocate it in case these abscesses were accompanied by a fetid bronchitis. There is an abscess-cavity, which Rokitansky calls a chronic abscess, in which there is not connective tissue enough to allow the cavity to close. The cavity is a source of danger to the patient, as sometimes, for one reason or another, septic micrococci gain entrance, acute inflammation or gangrene follows, and the patient dies. In such a condition, we should try to obliterate the cavity. Operative treatment of these abscesses has been so infrequent that we cannot say that it possesses any advantage over medical treatment. The important point to be decided in the future is how to get an understanding of where the danger-line is; how long we can afford to wait and how much strength can we afford to let the patient lose before we operate? It is, perhaps, well to put in a word of warning against operating too early, as we are all aware that patients who recover without an operation do better than those on whom there have been operations. Professor Fenger said that, in case a cavity gives rise to fetid breath, frequently a fetid bronchitis is developed, and subsequently an inter-lobular pneumonia in the other lung, or in the upper part of the lung in which the abscess exists. Relative to Dr. Well's remark that he never suppresses the cough, Professor Fenger stated that it is a fact that the cough ceases almost instantly after the abscess is opened.

DR. R. TILLEY said that he could not see of what benefit inhalations of turpentine could be in such cases, as the abscesses are analogous to those which occur in the most external

portions of the body, and we never expect to benefit them by using turpentine. He would expect better results from administering this medicine internally, as he had, recently, read that the German physicians are using turpentine very successfully, by giving it internally, in diphtheria.

DR. WELLS, in closing the discussion, said that he wished to recall the attention of those present to the important point that these abscesses occur most frequently in the lower lobe of the lung, similarly to pneumonia. The principal object of his paper was to do what he could to counteract the tendency among the medical journals to advise early operation in pulmonary abscesses. He thought the statistics, so far, do not prove the operative treatment to be superior to the expectant and medical treatment, and he thought surgeons were too prone to take the cases into their own hands, and that they do not leave enough to the *vis medicatrix nature*.

TRANSACTIONS OF THE CHICAGO GYNÆCOLOGICAL SOCIETY.

Regular Meeting, 27th November, 1885. THE PRESIDENT, DANIEL T. NELSON, M. D., in the chair.

I. BARTLETT. *Remarks on the Toxic Properties of Sassafras.*

II. EARLE. *Remarks upon a Teratom, and a Case of Artificial Abortion*, with presentation of specimens.

I. DR. JOHN BARTLETT read a paper entitled,

REMARKS ON THE TOXIC PROPERTIES OF SASSAFRAS, from which it was apparent that the oil of sassafras exerts a decidedly toxic influence, although many standard works, consulted by DR. BARTLETT, make no allusion to any such quality in sassafras. DR. BARTLETT also cited instances in which "Sassafras-tea" had been used for its oxytotic and ecbotic effects.

He said his remarks had been largely based on a report made by DR. HILL, of Baltimore, of his observations and his experiments in the use of oil of sassafras, and he concluded his remarks by saying that "A study of the toxic effects of sassafras as reported by DR. HILL, and here suggested, would seem to show a triple resemblance to three familiar articles, opium, strychnine and ergot.

"In its action as a narcotic and sudorific it resembles opium.

"In its property of inducing tetanic and clonic spasms, followed by paralysis, it is similar to strychnine.

"In its power hinted at of exciting the uterus, it may be likened to ergot.

"It may be of interest here to call attention to the fact that the first reference to the use of ergot as an ecbolic was made by Stearns in 1807, whereas it had been used by midwives certainly as early as 1688, and probably very much earlier."

PROFESSOR JAMES H. ETHERIDGE referred to the action of the oil of sassafras on the motor centres in the spinal cord, supplying the uterus.

DR. EDWARD WARREN SAWYER said in New England, sassafras was a popular emmenagogue. Mothers were in the habit of giving decoctions of sassafras and tansy to their daughters in case of delayed or suppressed menstruation. Many of the essential oils produced the effects ascribed to sassafras by DR. BARTLETT. In the South, oil of sassafras was a popular remedy for uterine disease.

THE PRESIDENT inquired as to the chemical constitution of the volatile oils?

DR. H. P. MERRIMAN replied that many of the volatile oils were identical in chemical relations, but differed in physical properties. Such oils were *isomerides*. The essential oil of lemons, of bergamot, neroli, lavender, pepper, camomile, caraway, clover, etc., are isomerides of the oil of turpentine.

Oil of sassafras was an isomeride; whether or no of the turpentine group, he could not say. Oil of turpentine was a hydrocarbon, possessing the formula $C_{10}H_{16}$.

DR. H. T. BYFORD was of the opinion that the oil of sassafras exerted its influence locally upon the alimentary canal and pelvic viscera, through which it was excreted, rather than upon the uterine nervous centres, as in the case of ergot. This would account for its popularity as an emmenagogue, mentioned by Dr. Sawyer. He had recently given one drop, combined with one-half grain of piperin, every three hours, for two weeks, in case of typhoid diarrhoea. Slight strangury, disappearing with the discontinuance of the drugs, was produced.

II. DR. CHARLES WARRINGTON EARLE presented for DR. JOSEPH HAVEN

A TERATOM, corresponding in development to the third month, and bearing an asserted resemblance to a pup.

The following history was read :

DR. HAVEN had attended the family of Mrs. H. for the past four years. During this time he had had occasion to notice that the younger daughter was a person unusually strong in her likes and dislikes, of a nervous temperament, slight build, yet a sensible, educated, and attractive girl.

On the eighth of September, 1885, this young lady, in company with her sister, called at his office to consult him with reference to her condition. He made the following entry in his case-book, as the result of her visit :

"Mrs. D., nineteen years old, married one and one-half years, always regular as to her courses up to July 21st, since then no show. Physical signs point to pregnancy in the sixth week."

A few days later he saw her again. She was nervous and

highly excited—almost hysterical. She told him in an excited manner that a dog had jumped on her, and that she “hated dogs.” She complained of pain in the abdomen, low down.

From that day until the 1st of November, Dr. Haven saw her several times. Each time she was threatened with miscarriage, and each time she declared she was positive she could never carry that child. Her husband and sister told him that, asleep or awake, her mind seemed to dwell continually upon that dog. That she daily wondered if the child would be marked. Mr. D. said that ever since he has known her she has been afraid of dogs ; she would always cross the street rather than meet one, and he has often jokingly refused to take her out with him, telling her, as an excuse, that they might see a dog, and she would make a scene.

On the night of November 1st, the husband roused Dr. HAVEN, desiring him to go over and see his wife, thinking it to be only a repetition of former attacks. An examination proved that Mrs. D. was about to lose the contents of the uterus. She was flowing constantly. The os had dilated slightly and Dr. HAVEN could just reach the presenting part. The history of the miscarriage was the usual one, and the result is seen in the specimen presented.

She insisted on seeing the fœtus, and declared it to be the image of the dog that had frightened her.

A general discussion upon the subject of maternal impressions followed.

III. PROFESSOR CHARLES WARRINGTON EARLE presented specimens from a case of artificial abortion. The fœtus corresponded in development to the fourth month of pregnancy, and was not decomposed. It was closely enveloped in the membranes, and entire absence of the *liquor amnii* was noticed.

Hæmorrhage into the placenta and decidua was not observed.

The following history of the case was read:

Mrs. F., American, has given birth to five children, the youngest twenty months old; labors always normal; has a history of anæmia for some months', if not years', standing; last menstruation ended May 20th, '85; in June, had a very slight discharge of blood; during the weeks following she would occasionally lose a small amount of blood, at other times there would be profuse hæmorrhage lasting twenty-four hours. She had at one time a white, sticky discharge, something like the albumen of an egg. Oct. 1st, began to flow constantly with some pain in back and sides, particularly the left. Was seen by PROFESSOR ST. JOHN, Oct. 12th, at which time he administered the usual styptics with rest. She continued to flow, with pain, for another week, when hæmorrhage was so severe and prostration so pronounced, and with the suspicion of *placenta prævia* it was decided that temporizing means should cease. After consulting with PROFESSOR EARLE, it was decided to induce labour. A catheter was introduced and allowed to remain twenty-four hours, when pains came on and patient was delivered Oct. 17th, '85. During the entire period of gestation the woman could not detect the usual signs of her former pregnancies. She made a good recovery and menstruated Nov. 20th. There had been no discharge of water perceptible to the lady during the entire period of pregnancy.

DISCUSSION.

PROFESSOR W. W. JAGGARD thought PROFESSOR EARLE'S case was a typical example of the condition, technically termed *mummification*. The fœtus dies, and the fluid constituents of its body and envelopes are gradually resorbed. Mummification is usually observed in connection with twin pregnancies. One child is

usually perfectly developed, while the other is converted into a mummy-like object.

Maceration and *mummification* of the foetus are observed when the membranes are intact; *putrefaction*, after rupture and entrance of air into the uterine cavity. Professor Earle's case was probably not an example of that rare condition, abnormally small amount of amniotic fluid. There were no abnormal amniotic foldings, nor the foeto-amniotic bands described by SIMONART.

W. W. JAGGARD, M. D., *Editor*.

2330 Indiana Avenue.

THE CHICAGO SOCIETY OF OPHTHALMOLOGY AND OTOTOLOGY.

The Society convened on October 13th, 1885. F. C. HOTZ, M. D., in the chair. The Society listened to the following paper by DR. LYMAN WARE:

ON OSSIFICATION OF THE CHOROID.

Although calcareous formations within the eye are of frequent occurrence, osseous formations are not so common, but the following case may be instructive, both pathologically and clinically. For a long time all hardened deposits within the eye were considered calcareous and the formation of true bone was much doubted. Knapp collected and studied quite a number of cases of ossifications within the eye, which he published in the Archives of Ophthalmology and Otology, vol. II., p. 1-35.

At that time he considered the capillary layer of the choroid the origin of all intraocular ossification. Since then a number of cases have been reported,* in which they occurred in other structures. The formation of bone is usually preceded by

*Knapp's Archives of Ophthalmology, Volumes VI. and IX.

prolonged and frequently severe intraocular inflammation, and is generally of traumatic origin. The development of bone requires no antecedent conditions other than a vascularized connective tissue. The following is a brief history of a case that came under my observation :

Mr. G. D., farmer, aged twenty, American. When nine years of age he was struck accidentally in the right eye with the handle of a pocket-knife, which completely and instantly destroyed vision and caused severe inflammation in and about the eye, accompanied by great pain and much distension of the ball and surrounding tissues, continuing for several weeks. During the five or six subsequent years the injured eye caused little or no trouble. During the winter of 1875, when he was sixteen years of age, or seven years after the accident, as a result of severe exposure, the injured eye again became painful, at times better, at times worse. Pain usually subsided in a few days if the patient remained quiet in a darkened room and made frequent hot applications to the eye. In the winter of 1880, the left eye began to be sensitive to the light, particularly to artificial light or reflected light from snow.

The patient was first seen in July, 1880. The right or injured eye was somewhat atrophied; the tension was greatly diminished and the eye was slightly tender on pressure, although not markedly so. In the left eye there was photophobia, lachrymation, slightly sluggish pupil, and supra-orbital neuralgia.

Vision for distance tolerably good, $V=15-xx$; but it was quite impossible for him to read even Jaeger 11 for more than a minute or two, on account of the lachrymation and ciliary neuralgia which it induced.

Ophthalmoscopic examination showed well marked neuro-retinitis. Immediate enucleation of the injured eye was

advised, but as it apparently gave him no little trouble, being only slightly painful at times, and as he was a farmer, he did not like the idea of wearing an artificial eye and submitting to all the inconveniences such an eye entails, he declined to submit to the operation and returned home. In the latter part of August, five or six weeks after his first visit, he returned to the city and was quite willing to submit to the enucleation of the injured eye as his symptoms had grown much worse after returning home. The tenderness; on pressure, of right eye was much increased, and the eye-ball was intensely injected. In the left eye there was considerable pain, supra-orbital neuralgia, sluggish pupil and photophobia V=10-xx.

August 20th, 1880. The patient was advised to remain quietly in a darkened room, and to take the following:

- R Pulv. Dover..... 2.00
Quin. Sulph..... 3.00
Div. in parts, 20.
S. One every 4 hrs.

August 24th. The inflammatory symptoms were not so great. Ether was administered and the injured eye-ball removed, although with some difficulty, owing to its atrophied condition and some fibrous adhesions which completely surrounded it.

August 25th. Patient fully recovered from the effect of the ether, and the ciliary neuralgia less than it had been for months. Ordered Pil. Proto iodide Hyd. gr. $\frac{1}{4}$, one, three times daily.

September 10th. Wound nearly healed, neuralgia entirely absent. Vision much improved (15-xx) and patient allowed to return home, but advised to take the following alteration for six weeks or two months:

B	Pot. Iodid.....	16.00
	Cinch. T. R.....	20.00
	Sarsar. Co. Tinc.....	14.00

S. A teaspoonful, three times daily in water, after meals.

December 4th, 1880. The patient returned to the city for an artificial eye. There had been no recurrence of neuralgia, and vision fully restored (7-xx). The eye was placed in Müller's fluid for several weeks, then absolute alcohol, and after three months it was partially divided in its equatorial diameter. The vitreous was liquified and immediately escaped, leaving the retina in the form of a cord, extending from the fundus or posterior portion of the ball to the anterior, where it expanded, funnel-like, and enclosed a calcareous lens. The ossification was situated in the choroid, its thickest portion corresponding with the entrance of the optic nerve. The eye-ball was somewhat atrophied, measuring a trifle over two centimeters in the antero-posterior diameter, and a little less than two centimeters in its equatorial axis. The ossification measured fifteen mm. in length concavo—convex—the concavity looking forward and from four to eight mm. in width. Measured from the optic disc, it was a few mm. longer on the outer than on the inner side; its greatest thickness, which was at the optic disc, was two mm. The posterior of convex surface of the bone was well marked with choroidal pigment. Five years have now elapsed since the enucleation, and no relapse has occurred in the eye sympathetically affected.

The points of special interest in the case are the slight tenderness in the eye, primarily affected; the rapid and complete recovery and restoration of perfect vision after the injured eye had been removed. The question arises, if in cases of sympathetic ophthalmia, neuro-retinitis is the predominant symptom, is not the prognosis more favorable than when the cyclitis

predominates? Which nerves are principally concerned in the former and which in the latter?

The case is certainly confirmatory of the conclusion arrived at by Knapp (Archives of Ophthalmology and Otology, Vol. II., p. 34), that "the diseases which lead to ossific productions are chronic inflammations of the interior coats of the eye called internal ophthalmia by the earlier, irido-choroiditis by modern writers."

Dr. F. C. Hotz then read a paper entitled: *A case of Choroiditis following Typhoid fever*. He called attention to the fact that text-books record as sequelæ of this fever only corneal ulcers and abscesses, disturbances in the muscular apparatus, as paresis of accommodation and sphincter pupillæ, and paralysis of one or the other of the external muscles of the eyeball and affections of the optic nerve. Affections of the uveal tract are not even mentioned, this apparent immunity of the choroid to the effects of typhoid fever appears very remarkable if we consider the fact that other acute infectious diseases have been known at times to cause serious disturbances in this tunic. Cerebro-spinal-meningitis and relapsing fevers are known to cause respectively exudation into the vitreous, with subsequent atrophy of the globe and deposits on Descemet's membrane with posterior synechiæ (cyclitis and iritis). Similar changes may follow typhoid fever as was shown by the case cited.

Another interesting feature of the case was the rapid improvement which followed the hypodermic injections of pilocarpine.

A robust young farmer, aged sixteen, consulted Dr. Hotz on January 13th, with reference to diminished vision of the left eye. During recovery from an attack of typhoid fever, in October, he first noticed dimness of sight, which finally became

entirely obscured. No syphilitic taint. At the time of examination the following was noted: Right eye V = 20-XX. em, normal fundus. Left eye, counted fingers at twelve feet; there was no pain, tenderness or redness. Transparent media, with exception of vitreous, clear. Pupil slightly enlarged, a mydriatic had not been used. Tension normal. Numerous floating opacities in the vitreous allowing, however, examination of fundus and discovery of a large whitish exudation in the periphery of the upper nasal section.

The patient was given Pot. Iod. gr. V. three times per diem. He returned February 5th. While at home the eye inflamed (evidently iritis) during two weeks. The brown pigment, dots upon the anterior capsule of lens, outlining size of the pupil were the same as on first examination. The pupil was larger and vitreous, so cloudy that but a faint reflex could be obtained with ophthalmoscope. He could barely count fingers at one foot. The patient was put under a treatment of hypodermic injections of gr. 1-6 of pilocarpine. After five injections, administered in one week, the vitreous was much clearer. V. had risen to 20-L, but patient felt so weakened from effects of remedy that he insisted on a short intermission. During this time sight grew worse and sank in one week to 20-C:

Descemet's membrane became dusty and vitreous cloudy again.

Pilocarpine treatment raised V. to 20-L; vitreous cleared up, ophthalmoscope showed a number of disseminated white patches in upper nasal section of choroid. From this time on the eye improved constantly. March 28th, very few opacities in vitreous, V = 20-XXX. May 21st, V = 20-XX, vitreous clear. In the upper nasal periphery of fundus numerous patches of choroidal atrophy.

COLLEGE OF PHYSICIANS, OF PHILADELPHIA.

Stated meeting, October 7.

Cocaine in Hay-Fever.—A report on the influence of cocaine in cases of rose-cold and hay-fever was read by Dr. J. M. Da Costa, supplementing the writer's claims in his former paper of last year. The success which has attended this method of treatment, in his own experience and that of others, induces him to recommend it highly for all ordinary cases.

Solutions of less than four per cent. are insufficient, and some cases require eight. per cent. of the salt to produce noticeable improvement. The liquid may be thrown into the nostrils in the form of spray, but better results are obtained when five to eight drops are instilled with a medicine-dropper.

The distressing sneezing and the subsequent asthmatic attacks of hay-fever are prevented, entirely, by this means in some cases. Bronchial catarrh is not much benefited.

A certain insusceptibility—in the author's experience—or a varying susceptibility, is seen in the local use of cocaine. It is to be observed that some patients fail to receive benefit from its application.

A single case is mentioned in which increased vascular tension and severe headache followed its use in four per cent. solution.

Its mode of action in hay-fever is partly by the local insensibility it produces, partly by the contraction of the capillaries it induces.

That it is a radical, and, strictly-speaking, curative remedy, cannot be maintained, but it has been fairly tested and proven to give great comfort, and to convert very bad cases into light ones. In no case of rose-cold or hay-fever ought cocaine to

be left untried. It will be found that many who employ it will be able to remain at their homes, who otherwise would be obliged to flee to hay-fever resorts.

In the discussion of this paper Dr. Harrison Allen confirmed the statement of the writer, that the effect of cocaine is inconstant, within a narrow range, in different individuals. In endeavoring to account for this, he advanced the theory that a difference in the erectile tissue in the nostrils may be the real cause. Those persons in whom the tissue is sparsely developed may be less susceptible to impression by the remedy than those in whom it is well developed.

Examples were cited in which the nasal membranes were quite insensitive to any treatment, such as galvanism, which ordinarily constricts the capillary network. These are the cases which fail to respond to cocaine. A majority of cases are relieved by it, however.

Dr. H. C. Wood called attention to the observations of Dr. Lyons, of Detroit, wherein it was shown that there are two or three alkaloids in coca-leaf, and that commercial cocaine not rarely is composed of more than one alkaloid. Ecgonine and perhaps one other alkaloid are present at times.

The unexpected therapeutic results from the use of cocaine may possibly be due to the presence of one of these alkaloids.

In response to the question whether caffeine is an agent capable of being substituted for cocaine, as an anæsthetic, Dr. Wood answered that he had made experiments with caffeine on the eyes of patients, and found it without effect.

Treatment of Sunstroke in the Pennsylvania Hospital.—A record of fifty cases of sunstroke treated at Pennsylvania Hospital was then read by Dr. Orville Horwitz, resident-physician of the institution.

The minimum temperature in any case was 112° , and this patient recovered.

Antipyrin, in large doses, was used in all cases of pyrexia, in conjunction with ice-bags and ice-sheets to the surface.

Musk was found efficacious in controlling convulsions.

Aqua Ammonia doubtless saved several cases where the patient was about to die of heart-failure.

Ether, hypodermically, acted as a better stimulant than whisky.

Blood-letting.—One individual was bled from the arm. He died two days after, from meningitis.

Four persons were cupped at the nape of the neck. They all recovered.

All these persons were full-blooded—heavy men, with injective conjunctiva; the veins were prominent in the neck, and there was full, bounding pulse, with convulsions setting in early.

Dry cups, true sunstroke, were valueless but in heat—exhaustion, the benefit was well marked.

Digitalis acted as an excellent heart-stimulant.

Quinine, following the antipyrin, was of great benefit.

Calomel, gr. x, and bromide of sodium, gr. xxx, were given when consciousness had been restored.

Of these cases, *twenty-four* were cases of sunstroke, and *twenty-six* suffered from heat exhaustion.

Of the *twenty-four* cases of sunstroke, *nine* died. *Three* died within *ten minutes* after admission, and cannot fairly be said to have been subjected to treatment in the institution.

Four died within *six hours* after admission. *Two* died *forty-eight hours* after admission.

Of the nine that died, *four* were *hard drinkers*; *two* were *strictly temperate*, and *three* drank in moderation. *Twenty-one*

out of the twenty-four had violent convulsions; one had acute mania, lasting one hour and a half.

The maximum temperature was 112° F.; this patient recovered.

The minimum temperature was $94.2-5^{\circ}$; this was a case of heat exhaustion.

Twenty out of the twenty-four cases of sunstroke occurred between July 16 and July 26.

The largest number received on any one day was on Wednesday, July 22, when nine cases were admitted. The thermometer on that day stood at 93.5_{10}° F. in the shade; on the two previous days it rose to 100° F. in the shade.

But two opportunities for post-mortem examinations presented themselves. In one case, which resulted in death ten minutes after admission, the temperature being 109° F., congestion of the lungs and kidneys was found to exist, with slight injection of the arachnoid and pia mater. In the remaining case, the individual dying two days after admission, there were presented the usual evidences of commencing meningitis.

On examination of the blood, the corpuscles were found shriveled in a few cases, but in the majority the microscope revealed no change.

Albumen was present in the urine in all but two cases, and this condition continued for two or three days after convalescence.

Dr. C. H. Wood said: The use of musk, as detailed in the paper just read, is, I believe new. Antipyrin has, however, been used in one of the New York hospitals, and a paper written thereon by the resident physician.

There is one point which is worthy of consideration by hospital authorities. I have noticed myself, in experiments on

animals, that time is of the utmost importance in the treatment of sunstroke, and our clinical experience accords with this. If the moment the animal became unconscious, I reduced the temperature by cold, the animal invariably recovered; if, however, it was left for ten or twenty minutes, reduction of the temperature caused benefit, and usually return of consciousness, but there were almost always marked signs of an impaired nervous system, and in a large proportion of cases death from paralysis. In the New York Hospital, antipyrin was given to the ambulance surgeon, and thus the remedy could be administered at once. I myself think that in very hot weather the hospital ambulance should be provided, not only with antipyrin, but also with ice, and no time would be lost, the remedies being applied as the patient was being brought to the hospital. The patient could be half undressed and rubbed with ice, and antipyrin could be used hypodermically.

THE AMERICAN ACADEMY OF MEDICINE.

At the ninth annual session, held in New York City on November 28th and 29th, 1885, Dr. R. L. Sibbett, of Carlisle, Pa., read a paper on *The Study of Medicine as a Means of Education*. There are at present 87 "regular" medical colleges and 29 sectarian schools in the United States. In Canada 12 regular schools and none teaching sectarian medicine. Our colleges are too lax in their demands, both of matriculates and of candidates for graduation. A preliminary, thorough, academic course and systematic graded courses in medicine are earnestly recommended. Examinations by a State Medical Board of Examiners of applicants for license to practice, irrespective of the degrees they may hold, would be a very patent

means of increasing the average grade of medical knowledge.

Dr. C. McIntyre, of Easton, Pa., read a paper on *Medical Supervision of Student Life*. The present great demands upon the mental energies of the student are detrimental to his bodily health and development. His suggestions were to remedy this in a measure by a careful physical examination at the beginning of school-life, and by a systematic graded series of gymnastic exercises, under medical supervision, during student-life.

Dr. Henry O. Marcy, of Boston, read a paper on *The Climatic Treatment of Disease*, with an illustration of western North Carolina as a health-resort.

The etiology of zymotic disease, based upon our knowledge of the rôle of bacteria, was first considered. He reviewed the recent investigation by climatologists of the mountain health-resorts of Europe and America and their effects, and concluded that the careful adaptation of the climate to the individual must be sought with reference to the improvement of his resisting vital powers, enabling him to withstand his bacterial enemies rather than to escape them.

The mountains of western North Carolina were described as offering a suitable climate for a variety of diseases, the writer's deduction being based upon a personal acquaintance with this region.

At the

EVENING SESSION

The President, Dr. Albert L. Gihon, delivered the annual address, the subject chosen being *What is Medicine?*

The Academy of Medicine is not a society of specialists. Its only limitation to fellowship is that the candidate shall be "learned in medicine," and in all else that the term implies—

a substantial foundation of thorough academic training for the study of medicine. This is one reason of the slow growth of the Academy. A second lies in its necessary hostility to men and institutions that defy the principles of its constitution. A third lies in the indifference of those who claim to be its friends.

In answer to the question, "What is Medicine?" we will find that it is the most profound and ennobling study that can engage the intellect of man. It embraces all that relates to the existence of man; his place in nature; his origin, development and growth; his preservation and continuance. The prevention and cure of disease is but a part, and to be mastered all else pertaining to it must be studied and comprehended. Only a well educated mind can accomplish the task. The proper place of the physician is not recognized in society. He is put on a level with the barber, cook, or cabman, by those who patronize him. Army and navy officers are jealous of his standing among them, and desire to prevent his promotion.

The low state of the American profession, in point of culture, was referred to with regret, and its cause found in the notorious looseness of those mercenary colleges whose practices shame our educational system.

Society should demand that no ignoramus be allowed a diploma.

Where a drug-clerk kills one patient by his carelessness, he saves a hundred by recognizing errors in doctors' prescriptions.

The debasement of medical education to the capacity of the purchaser of a diploma, will react upon the honor and reputation of every member of the profession. It must not go on.

To change all this, reforms must take hold of existing methods, with the deliberate intention radically to alter them.

Preliminary education must be the starting point. By insisting upon this other improvements would be secured correlatively.

SECOND DAY.

A paper by Dr. T. J. Turner, of the U. S. Navy, on *Medical Evidence* was presented. He said, expert-testimony differs from that given by other witnesses in that "matters of opinion" as well as "matters of fact" are admissible. The boundary-line separating expert from ordinary testimony may, however, be a matter of dispute. A jury may accept anything as expert-testimony which it sees fit. As a matter of fact, the writer said, "It has been decided that a medical opinion may be received as evidence if it is based upon study without practice, or upon practice without study, and it has been ruled that it is not absolutely necessary that the expert should have either studied or practiced medicine. In the place of "expert-testimony" the writer preferred the term "opinion evidence." The question of the admissibility of such evidence was to be decided by professional skill, attainments, aptitude, education, experience and known opportunities for observation of the subject on which the expert-opinion is demanded.

Drs. R. J. Dunglison, of Philadelphia, and H. O. Marcy, of Boston, made their *Report on Laws Regulating the Practice of Medicine in the United States and Canada*.

Indiana and North Carolina are the only states in which new and better laws have been passed within the year.

The New York law of 1884 had done some good.

Massachusetts had no law of any value.

In Pennsylvania the law had stopped non-graduates from practice.

The Michigan law proved weak.

In Ohio it was better but more legislation was wanted.

Tennessee had no law.

Wisconsin had a new law.

Kentucky had a law requiring a diploma.

Dakota had established a Territorial Board-of-Health, which granted licenses.

Texas is without legislation on the subject.

In New Jersey the registration law is weak.

Nebraska has registration.

Iowa has no statutes on the subject.

Virginia has had for two years a law which works fairly well.

Maine has no law.

New Hampshire has weak ones.

In Maryland the same is true as in New Hampshire.

Much remains to be done before the proper legal restrictions shall have been placed upon the practice of medicine, in all parts of the country. Progress has been slow, but there is no reason to despair.

Dr. Benjamin Lee, of Philadelphia, read a paper on *Health-Officers, Ancient and Modern*. In ancient Rome officers of the public health received high honors and emoluments, and Rome was a healthful city in those days.

Boards-of-health should be carefully chosen in reference to qualifications, not political but professional.

Physicians should compose such boards for the most part, but not wholly, for the addition of a man-of-affairs was necessary to make up for the well-known lack of business ability among physicians.

The municipal government should be represented upon the board-of-health to promote harmonious action.

Paid agents should be regularly employed by the board, and all the members thereof should receive some salary in order to secure efficient service.

Dr. Nelson read a paper on *Micro-organisms, and their Relation to Disease*. The natural history of these small organisms was now being studied, not merely with reference to pathogeny and prophylaxis of virulent diseases, but also as tending to throw light on such questions as "spontaneous generation," the causes of fermentation, and the deeper mysteries surrounding the origin and propagation of life. Bacteria, which are vegetable forms, are best classified as (1) bacilli, (2) micrococci. Their examination is difficult, and requires the best lenses and condensers. Even then their life-history must be followed out in order to differentiate one from another, they having nearly identical forms at any single stage.

The theory of the causation of diseases of the infectious type, by bacteria, was gaining acceptance. In reference to some it was proven.

Dr. Nelson has investigated this subject both in Germany—under Koch—and in his own laboratory and speaks with some authority, therefore.

Dr. Cushing, of Boston, read a paper on *Observations Concerning the Relation of Bacteria to Certain Puerperal Inflammations*. The results of examinations of the bodies of women, who died in Vienna of puerperal fever, were here explained. Strepto-bacteria and streptococcus and in cases the bacillus pyogenes foetibus were found. The streptococcus is not distinguishable from erysipelas bacilli, the cocci being in pairs and each pair forming a link.

In pelvic abscesses these organisms appear in the lungs and joints.

Puerperal inflammations resemble infected wounds, and treatment should be based upon this idea of the pathology.

Dr. R. S. Sutton, of Pittsburg, said that in abdominal surgery it was not germs from the air but from the fingers, instru-

ments, etc., which set up mischief. The best results had been attained without antiseptics, so far, and that chemical agents caused irritation to the peritoneum.

Dr. H. O. Marcy, of Boston, related a case wherein a child had a suppurating peritoneal cavity which contained streptococci. The pus was evacuated and the cavity washed out with a solution of corrosive sublimate, after which the case recovered.

Dr. Jackson read a paper on *Medical Licenses and Medical Honors*. The great increase in medical colleges was noted, and the fact alleged to show that more practitioners were now college-graduates than formerly. It was only in 1881 that the diploma became a license to practice, and this rendered competition inevitable among colleges for the patronage of those who wished to purchase the legal right to practice.

The following were read by title:

Dr. Kelly. *The Physician and his Patient*.

Dr. Bush. *The Physicians of Delaware in the Eighteenth Century*.

NEW YORK STATE MEDICAL ASSOCIATION.

At the second annual meeting of the NEW YORK STATE MEDICAL ASSOCIATION, in New York, on November 17th, 18th and 19th, the President, John P. Gray, in his address discussed the question of the *Power and the Right of the State to License Medical Practitioners*, and took the ground that as the state must necessarily recognize all "schools and systems" of medicine, legislative interference is not called for, either in the interest of medical science, or of the medical colleges.

Dr. Alfred L. Carroll, of Richmond County, delivered an address on *State Medicine*. State medicine includes medical jurisprudence, medical education and public hygiene. The latter is held by the public as the most important, yet the medical student receives little or no instruction in this branch, and the profession at large has a deplorable lack of knowledge upon this subject.

Dr. Henry Didama, of Onondaga County, said of *Tubercular Consumption—Is it Ever Inherited?* The speaker assumed the infectiousness of the disease and its dependence upon the presence of the bacillus tuberculosis. He reviewed the literature upon the subject, and described an epidemic of the disease among cattle in which young calves, and even foetuses, were found affected. Similar instances of hereditary transmission have not been found in the human subject. His conclusions are that (1) in man tubercular consumption is not hereditary; (2) that there is no peculiar hereditary tendency; but (3) children of tuberculous parents, as well as those of other parents debilitated by disease, may be weak and may easily acquire tuberculosis. They are more likely to become affected if they live among tuberculous than if they live among non-tuberculous individuals. In the discussion Dr. Rochester, of Erie County, related a case in which he found tubercles and a cavity in the lungs of a child three weeks old. Its mother was healthy, but its father had died of tuberculosis before the child was born. The speaker believed tuberculosis may be hereditary.

Dr. Simeon Clark, of Niagara County, read a paper on *Psöitis and Peripsöitis*. After reviewing the pathology and differential diagnosis he related three cases.

Dr. Hyde, of Cortland County, said that acute abscesses were at first not connected with the vertebræ; that caries of the spine is secondary.

Dr. Charles Brown, Chemung County, read a paper on *Shock, and the Effects of its Injuries upon the Nervous System*, describing the different forms and manifestations of shock and the conditions modifying it.

Dr. Frank Hamilton, of New York City, read a short paper on *Railroad-Shock*. He recognized two varieties. The first manifests early symptoms and is true shock. The second presents no early symptoms; is not true shock; there is primarily no injury to the spinal cord, but the ligaments of the spine are injured. This results in inflammation, which, by extension, leads to meningitis and myelitis. He ascribes the cause of the injury to sudden pitching forward of the body and its immediate recoil, like the snapping of a whip-lash.

Dr. Edmund S. F. Arnold, of New York City, read a paper on *The Essential Nature of Shock*. He considers it due to an injury to the centers controlling nutrition and to the partial arrest of nutrition.

Dr. Charles F. MacDonald, of Cayuga County, reported a case of gun-shot wound of the head, followed by insanity. The patient had been wildly maniacal for weeks following the injury. It was proposed to trephine. On reaching the bone it was found already open. With a hypodermic needle a cyst was discovered and evacuated. On recovery from ether the patient was perfectly rational.

There was a *Discussion on Pneumonia*, under the following heads:

Question 1. Is acute pneumonia a primary local inflammatory disease, or is it an essential fever?

Dr. Didama said that there have been three views as to the pathology of this disease, viz.: (1) that hyperinosis (excess of fibrin in the blood) is its chief characteristic; (2) that congestion of the vessels of the lungs from exposure of the surface of the body to cold is the principal exciting cause—pneumonia being considered an ordinary inflammation; (3) that it is an “essential fever,” having a local lesion as secondary.

Dr. Ross favored the supposition that pneumonia was a general not a local disease, because true croupous pneumonia could not be set up by artificially irritating the lung tissue. Besides, the prostration accompanying the disease was out of proportion to the tissue invaded, and, moreover, there is a selection of a particular point, the right lower tube, for the local manifestation as in other general fevers.

Question 2. What facts can be cited in support of the doctrine that acute lobar pneumonia depends on the presence of specific micro-organism?

Dr. Janeway gave a review of the investigations hitherto made on the micrococci (pneumococci) of the sputa from a pneumonic lung.

By inoculation these micrococci will give rise to pneumonia in rabbits or guinea-pigs. The usual mode of infection is by the respiratory tract.

Question 3. What conditions or circumstances incident to acute lobar pneumonia render the disease fatal?

Dr. Robb stated that pneumonia is more fatal to negroes than to whites and more to women than to men.

Involvement of the upper lobes adds greatly to the danger. Alcoholic habits in the individual diminish or destroy his chance of survival. Some epidemics are milder than others.

Among the symptoms indicating great prostration and probability of a fatal issue are a temperature of 105° and upward, prune-juice expectoration, active delirium or, still worse, a low muttering fever and subsultus.

Dr. Biggs stated that only 6 per cent. died in 600 cases of uncomplicated pneumonia. Unfavorable prognosis was given in the following classes of cases : (1.) Patients of bad habits, particularly drinking men ; also old persons. Patients who in the height of the fever have to be transported (as to a hospital) are very likely to die from the effects of this moving. (2.) Cases in which other affections co-exist, *e.g.*, Bright's disease, valvular disease of the heart, or surgical operations. (3.) Cases complicated by abscess, purulent infection, pleurisy with effusion, peri-and endo-carditis. (4.) Cases of pneumonia affecting more than a single lobe. (5.) Cases of great intensity, such as are frequent in some epidemics.

Question 4. Are there any remedies known capable of arresting or shortening the course of pneumonia or conducting to a favorable termination ?

Dr. Rochester stated that formerly he had used the lancet and calomel with as good results as any since obtained in his practice. Ammonium carbonate, in five to ten grain doses, given in milk, was also recommended. Veratrum and other cardiac or arterial sedatives were not approved, nor was alcohol, except in asthenic cases.

Question 5. Is blood-letting ever indicated, and, if so what circumstances are there indicating and contra-indicating its employment ?

Dr. Clark believed bleeding would relieve certain plethoric cases in which there was cardiac exhaustion, and dilatation

of the right ventricle, and in which stimulants failed to secure improvement. Careful selection of the cases suitable for blood-letting was important.

Question 6. Is alcohol useful and what are the indications, doses, etc.?

Dr. Shrady thought alcohol was over-rated in medicine. It has little effect upon the pyrexia. Old people need stimulants when attacked with pneumonia.

Dr. Ferguson said alcohol was doubtless a true food, although much overestimated by medical men who had only vague ideas of its action. Temporarily it increases the action of the heart yet it acts as a sedative.

Question 7. To what extent is it safe and useful to employ antipyretic measures in acute lobar pneumonia inclusive of the cold-bath, sponging the body, or the wet sheet?

Dr. Stockton believed these measures, when found to be well borne by the patient, were valuable, but when seemingly ill-borne, were dangerous. Cold-sponging he considered to be the only safe measure. More than gr. xx of antipyrin should not be given in one dose, and this was not to be repeated until eight or ten hours had elapsed.

Question 8. Do relapses frequently occur after convalescence?

Dr. Örton had not met with relapses, and he thought that those so-called were really due to the extension of the disease to new tissue. Bronchitis, carditis, nephritis, etc., were liable to appear as complications, but not often meningitis. Second attacks of pneumonia or pulmonary phthisis were not uncommon sequelæ.

Dr. Van Dewarker presented a paper on *The Medico-Legal Bearing of Pelvic Injuries in Women.*

In cases of actions involving these injuries the defense was at a disadvantage since it could not procure evidence of the real trouble, the court being averse to ordering an examination of the women. Many fraudulent cases were trumped up by women. The law should compel an examination to be made in these cases.

Dr. A. Flint, Jr., delivered an address entitled *Some of the Relations of Physiology to the Practice of Medicine*.

A strong plea for accurate physiological knowledge, rather than empiricism, as the basis of medicine was made. The study of cardiac diseases was used to illustrate this claim. The investigation of micro-organisms was pointed out as an illustration of the superior value of scientific physiology in helping practical medical knowledge.

Dr. Taylor read a paper on *Recto-Labial or Vulvar Fistulae—Their Causes and Treatment*.

These affections originating in or about the glands of Bartholin are similar to the anal fistula. They arise from abscesses (1) in the glands, (2) the cellular tissue surrounding them, (3) the pre-rectal vulva.

Dr. Edward M. Moore read a paper on *Recurring Luxations*.

These he believed to be due to lacerations or weak spots in the capsular ligaments. Their occurrence in no way reflects on the surgeon.

Dr. Hyde read a paper on *The Difference in the Symptoms of Strangulated Oblique Inguinal Hernia*, giving a summary of the symptoms and indications for operation.

Dr. Gouley advocated early operations even if the diagnosis was obscure, believing that when no hernia was found the risk was slight.

Dr. Jamison read a paper on *Medicinal and Dietetic Thera-*

peutics of Chronic Intestinal Catarrh. Laxative remedies were recommended.

Dr. Garrish gave rectal injections of bismuth, but avoided oatmeal as a diet.

Dr. Purdy presented a paper entitled *A cursory Review of the Epidemic and Endemic Diseases of Sullivan County, during the last Thirty-Four Years.* This was a very interesting sketch of the medical history of Sullivan County, New York, showing clearly the varying character of the different epidemics which had occurred, and the methods found most useful in controlling them.

Dr. Sabin described the *Removal of an Enterolith.* The stone was crushed and removed through the anus. Its weight was five ounces, and it was found to consist of petrified fecal matter.

Dr. Van Zandt spoke of *Commercial Prescriptions.* It was noted that certain physicians had lent their names to advertise trade-preparations and this practice was severely condemned.

Dr. De Zanche read a paper upon *Prophylaxis*, urging upon physicians the need of inculcating hygienic principles, especially in the rural districts.

Dr. Baker declared the profession much too indifferent in these matters.

The following papers were read by title.

Dr. Alder. *Relation of Drink to Insanity.*

Dr. Tremaine. *Tumors of the Jaw.*

Dr. Bozeman. *Incontinence in Women from Hyperdilatation and Paralyzation of the Urethra.*

Dr. Leynde. *Skin-Flaps in Amputation and Umbilical Hæmorrhage in Infants.*

Dr. Fell presented a paper on *Some Etiological Factors in the Acne-form Diseases.* He attached much importance to the

well-known fact of the presence of parasites called *Acarus* or *Domodex* in the pustules, and directed his treatment to the destruction of these with great success.

Dr. Janeway read the *Address on Pathology*. The study of micro-organisms seemed about to revolutionize pathological knowledge. Many obscure questions were now awaiting study and solution by those who were investigating the germs of diseases, particularly as to the possibilities of inoculation with attenuated virus, as a means of prevention. To the German pathologists he gave the greatest credit for original research. This was owing to the encouragement and assistance given by the government to scientific studies. Young men were induced to pursue scientific studies by the hope of attaining professorships. Here young men not only could not afford the time to become expert in these delicate manipulations, but the necessary apparatus cost twice as much as abroad. At the request of several present Dr. Janeway gave his views on the use of oxygen-gas in pneumonia. It was of great value in his experience in the cyanotic stages and should be administered whenever blueness of the skin showed itself.

Dr. Seymour read a paper on *A Case of Gall-Stones, Patent and Concealed. Exploratory Laparotomy—Autopsy eight weeks later*. Rather than entire removal of the gall-bladder, he recommended opening it and evacuating the contents, as a result of his observations in the case detailed.

Dr. North read a paper on the *Therapy of the Chlorides; Antisepsis, A Prominent and Important Factor in their Medical Action*. This was an exposition of the germ-theory of all infectious diseases. The efficacy of all medicines was due to their power in destroying micro-organisms. He claimed this particularly in the case of mercury, chloride of iron, etc.

Dr. Peters claimed great success for his method of treating

diphtheria with bichloride of mercury gr. $\frac{1}{30}$ alternating with tincture of iron.

Dr. Newman read a paper on the *Causes of Failure in the Treatment of Urethral Stricture by Electrolysis*. Various causes of failure were alleged.

Dr. Meier praised the operation.

Dr. Manley agreed with the writer as to the difficulty of the operation.

Dr. Seymour read a paper on *The Diagnosis and Treatment of Pelvic Hæmatocele*. The diagnosis was stated to be obscure in the early stages but capable of being made, with certainty, later on.

When the hæmorrhage has been controlled, or has ceased spontaneously, absorption of the clot may occur, or it may soften and cause an abscess. Aspiration is recommended where a large collection exists.

The following papers were read by title:

Dr. Fitch. *Poisoning by two Grains of Strychnine*.

Dr. Rushmore. *Treatment of Abscess*.

Dr. Thayer. *Chronic Catarrhal Gastritis; Fatal from Sudden Enlargement of Thyroid Gland*.

Dr. Briggs. *Proper Disposition of Ashes, Swill, Etc.*

Dr. Leaning. *Ergot—Its Uses and Misuses*.

Dr. Stocton. *Nutrition in Lithæmia*.

Dr. Samuel W. Smith read a paper on *The History and Treatment of Thirty Cases of Diphtheria*. Of these cases five were fatal. The writer inclined to the theory that croup and diphtheria were one disease. His treatment consisted in the internal use of *Tr. Ferri. Mur.*, in glycerine, and potassa, chlorate, gargles of salt-water and spray of carbolyzed lime-water. Tracheotomy was not approved.

Dr. Hannan thought little was known of the real nature of this disease.

Dr. Harrison read a paper on *Peri-Uterine Hæmatoma*. The symptoms and cause of this form of trouble were carefully detailed.

Dr. Shrady read a report of a case of *Cancer of the Kidney*. Children have this disease more often than is known, the writer said. The diagnosis is plainer from the fact that enlargements of the spleen do not occur at that age. These growths form rapidly, displacing the other viscera and sometimes causing dyspnœa from pressure upon the diaphragm. Hæmaturia is often absent. The wandering of blue veins over the abdomen was noted as a symptom. Pain is usually present, sometimes constant but generally intermittent.

The following papers were read by title:

Dr. Manley. *Modern Aspect of Therapeutics*.

Dr. Hartmann. *The Vectisin Cross-Births, also Pessaries and their Uses*.

Dr. Gouley. *Contractures of the Bladder Consequent upon Cystitis*.

Dr. Sayre gave a demonstration of the method of applying a plaster-jacket.

Dr. Dennis spoke of *The Action of Micro-Organisms upon Surgical Wounds, with Demonstration*. Micro-organisms were classed as follows: (1) Sphero-bacteria; (2) Micro-bacteria; (3) Desmo-bacteria; (4) Spiro-bacteria; (5) Fungi.

COLLEGE OF PHYSICIANS, OF PHILADELPHIA.

Stated Meeting held November 4th, 1885.—The President, Dr. J. M. Da Costa, in the chair.

Three Cases of Removal of the Ovaries and Fallopian Tubes (Tait's Operation.) By W. W. Keen, M. D., *Professor of Surgery, Woman's Medical College of Pennsylvania.*

The following cases are put upon record as a contribution to an important operation, the usefulness of which is assured in certain cases, but the limitations of which have not yet been well defined:

CASE I. *Uterine Myoma; Excessive Hæmorrhage and Anæmia; Tait's Operation; Recovery and Cure.*—Mrs. L., of New Jersey, *æt.* 42; married at twenty-eight; two children—the last born ten years ago; each eleven pounds; normal labors; no miscarriages; absolutely well and strong till three years ago, when her periods became gradually more prolonged and profuse. Now she is unwell three weeks out of every four, and the flow is often so severe as to saturate a napkin every fifteen minutes, besides large clots of blood. She is thoroughly blanched, weak and anæmic.

November 25, 1881. Sent to me for consultation by Dr. Hollingshead. A tumor is visible in the hypogastrium the moment she lies down, and the abdomen is exposed; sound enters $6\frac{1}{4}$ inches. The tumor is an interstitial myoma in the posterior wall, as large as a large fist, moderately tender and painful; no vegetations on the endometrium; no erosion of os; cervix not involved; uterus moveable. Advised Squibb's extract of ergot (*m xxx-xl*), hypodermically, daily in the abdominal wall for a month; if not then better, advised Tait's operation, as all other means had been pre-

viously tried by her attending physician. She was unwell at the end of November, when the ergot was first used. It gave rise to great pain and considerable local inflammation, with nausea and vomiting, and had to be discontinued.

December. Again unwell; the intermenstrual period was freer from pain; but she was weaker and more blanched, and not able to come to the city; lost a large quantity of blood.

January 26, 1882. Came to the city; was so blanched that had she closed her eyes and folded her waxy hands she could have easily been mistaken for a corpse; weight one hundred pounds. Treatment: iron, quinine, milk-punch; food every two hours.

28th. Taken unwell; period lasted till February 2; used twenty-eight napkins, besides passing a number of large clots. Bad neuralgia of face; morphia ($\frac{1}{8}$ grain), hypodermically, failed to relieve, but water similarly given lessened it. Eats but little on account of pain.

February 3. Dr. R. P. Harris saw her with me, and concurred in advising the operation. Temp. 98.5° ; pulse 80, feeble; heart normal, but weak; no change in uterus.

9th. Operation 12 M.; antiseptic method with carbolic acid, including the spray; bladder emptied. Duration of operation forty-five minutes. Ether ($\text{f}\frac{3}{4}$ viijss) used; incision four inches long in median line from pubes half way to umbilicus; no vessels tied.

On opening the abdomen a small amount of serum escaped. On account of the high position of the uterus the ovaries were readily found. Each pedicle was transfixed with a double carbolized silk ligature close to the uterus, the upper includ-

ing the Fallopian tube, and after ligature the tubes and ovaries were removed. The left ovary showed a recent corpus luteum; it had a few small cysts, and was cirrhused in part. The right had one cyst two inches in diameter, and several smaller ones. The right tube was cystic just at the cervix-uteri; it contained a serous fluid. The veins were very large; no bleeding requiring a ligature occurred. The ligatures were all cut off short; four deep and two superficial sutures, the former, including the peritoneum, closed the wound. Dressed with carbolized gauze.

Immediately after the operation her pulse was 120, and feeble. Hot-water bottles were applied, and brandy was used, hypodermically, several times with good effect. She vomited only once up to 3.30 P. M., when her pulse was 93; temp. 97.2°; very small quantity of food and stimulant every twenty minutes. 7 P. M., pulse, 100; temp. 99.6°; has had some pain; feels stronger. 11 P. M., temp. 100.8°.

10th. Slept but little, but is comfortable; temp. 100°.

11th. Temp. 98.4°; considerable pain in the back at 9 P. M., last night, followed by a bloody vaginal discharge. In twenty-four hours has used sixteen napkins, moderately saturated. Water at 105°-110° ordered, which gave great relief.

12th. Has used twelve napkins; temp. 98.8°.

13th. Slept excellently; discharge has ceased; dressing changed (fourth day). It was barely soiled, with very slight oozing from the operation; no pus; wound free from blush; union by first intention throughout; meat allowed.

15th. Several enemata having had no effect, as she felt uncomfortable, the rectum was emptied, mechanically, of a large amount of impacted scybala.

19th. Redressed; wound healed; sutures removed.

22nd. Sat up.

25th. The menstrual period was due on the 24th. Has used two napkins to date; less than f3ss blood on each.

March 17.] Went home; weight 110 pounds.

24th. Menstruation due; had some backache; no blood; stayed abed three days.

June 6. Came to see me; brown as a berry; weight 130 pounds; appetite good; strength nearly regained; each month had had slight malaise; no bleeding; uterine cavity three and three-quarter inches; myoma not perceptible, except by bimanual examination.

March, 1884. Rapidly regained full strength; weight has continued at 140 pounds; no bleeding; sexual appetite unimpaired; tumor entirely gone; uterus three inches.

CASE II. *Severe Nymphomania, leading to Incipient Insanity; Menorrhagia; Tail's Operation; Recovery; Cure.*—Mrs. B., of New Jersey, *æt.* 42, American; eight children—last born eight years ago; operated on by me, successfully, four years ago for lacerated perineum, and later, another operation for severe hemorrhoids. Wife of a poor, ill-paid clergyman, and hence her life was a constant struggle properly to feed and clothe her large family. I have known her from childhood. She was always a most exemplary Christian woman.

Her head began to trouble her not long after the first operation, and she attributed it to the ether, which, however, she bore perfectly well in both operations. She had strange feelings as if unconscious, and in fright or dread of ether, especially at night. Exposed to the sun, in August, 1881, she had an attack of heat-exhaustion, followed by a second attack a week later. After this her men-

struation, always previously easy and regular, ceased for three months. During this time she was treated for malaria, and her head became worse, which she attributed to the quinine. She became very nervous and sleepless; lost all self-control; could not bear any noise of the children, the church-bell, or even her own voice. She became unable to do any work, and had extreme depression of spirits; attempts at suicide were repeatedly contemplated, and though almost determined to end her life, she was deterred by her religious fears. These emotions were readily confessed to me and to her husband. In December, 1882, her menstruation became very profuse, and was continuous for three months. Since then it is not continuous, but is still very profuse.

Meantime, in October, 1881, by spells her sexual appetite, till then a matter of little moment, became immoderate. Day and night it was an exquisite physical and mental torment, and even led her to repeated self-abuse when it could not be gratified. This nymphomania and her head symptoms were always worst at her menstrual period. Finally, she went voluntarily to an insane hospital, in March, 1882, being utterly unfitted for her household duties, and in constant dread of suicide; but soon returned home.

January 2, 1883. I saw her; head still as described, and she was almost desperate; uterus normal, except some erosion at os, and freely movable; clitoris and other generative organs normal. Her attacks of nymphomania were still frequent and severe, especially during menstruation. She was fast passing toward permanent insanity. She loathed herself for her abnormal sexual appetite; she had struggled against it, as well as against her suicidal intent, till she was ready to hail anything that gave the faintest hope of relief at any risk of life, for which she cared absolutely nothing. She had been under varied and

excellent care, and every moral means and all promising drugs had been freely tried. I therefore proposed Tait's operation, to which she and her husband instantly assented.

4th. Operation; ether; antiseptic method (carbolic acid), with spray; bladder emptied; incision three inches in median line upwards from pubes; layer of fat (she was well nourished) one inch thick, belly-wall two inches. Left ovary found without difficulty; its pedicle pierced by needle with eye in the point carrying a double carbolized silk ligature; ovary and Fallopian tube tied separately and ligatures cut short. One ovarian vein was varicose and as large as the little finger; ovary and tube both removed. Two pedunculated growths of the size of peas were attached to the ovary, one directly and another from the middle of a long foot-stalk attached at the two ends to the ovary and to the tissue between the ovary and tube. The right ovary was found with some little difficulty; as it was pulled out of the wound a small cyst burst. It was treated precisely as the left, and tube and ovaries removed. Both tubes and ovaries were intensely congested (her last menstruation was five days past); several small cysts existed in each.

Her recovery was uninterrupted. She had a little bilious vomiting and retention of urine requiring the catheter, but no pain; and no medicine.

8th. A moderate vaginal hæmorrhage began, which ceased four days later spontaneously.

9th, 11th, and 14th. The stitches were removed. Her highest temp. was 99.4° .

19th. Down stairs.

23d. Went home. Since then I have seen her repeatedly; the last time in the spring of 1885. Her mental symptoms and head troubles have gradually become better. For the first six months or more she was often despondent, but she

gradually recovered her cheerfulness to a large extent, resumed her household occupations, and is perfectly well. The nymphomania ceased from the time of the operation, save two very slight and short attacks. Coitus is rare, but is entirely normal, and is not followed by any tendency to her former deplorable condition.

CASE III. *Uterine Myoma; Severe and Long-continued Hæmorrhage; Operation; Death.*—Miss W., *æt.* 40, first menstruated at fourteen, always profusely. For the last seven to eight years much worse, the flow continuing ten to fourteen days. In May, 1884, she began to suffer from continuous hæmorrhage, which has persisted till the present date, January 2, 1885. Occasional severe hæmorrhages also occurred. She is very pale and anæmic, with waxy lips, and has lost much flesh and strength, especially of late. To-day I examined her under ether: uterus three inches in length, and movable; a myoma as large as the fist was discovered in the anterior wall and fundus. Hypodermatic injections of Squibb's ergot, in $\text{f}\overline{\text{3}}\text{j}$ doses, every second day, were used, to which, later, was added $\text{f}\overline{\text{3}}\text{j}$ of the fluid extract of ergot daily, with tonics and good diet.

January 29th. Has passed the menstrual period without noticeable hæmorrhage, and to-day, for the first time since last May (excepting two days), has dispensed with a napkin. From this date till April her menstruation ceased. In April and May she had a normal discharge. But in June the hæmorrhage returned, and continued so profusely as to threaten life.

July 4th, 1885. The hæmorrhage having been checked for three days by the above means, I operated. The tumor, which had clearly increased in size, was immediately seen on uncovering the belly. Ether; antiseptic precautions, including the spray (carbolic acid); bladder emptied. The

enlarged uterus was so much in the way that the ovaries could not be seized through the small incision first made in the linea alba, the ovaries not having been carried up with it, and it had to be prolonged one inch above the umbilicus. The whole hand had to be introduced, the uterus lifted and pushed forcibly aside, and the ovaries were even then reached with the greatest difficulty, and after several attempts. The ovary and tube on each side were removed, the pedicle being tied with stout carbolized silk, which was cut off short.

The left tube was attached to the ovary at the fimbriated extremity; two cysts, one filled with blood and one with serous fluid, existed in this ovary, the stroma of which was largely cirrlosed. One large (size of English walnut) and one smaller serous cyst were found in the right ovary, and its stroma was atrophied and cirrlosed. All four cysts were ruptured during removal. About eight ounces of serum were found in the peritoneum.

5th. The wound was united with silver wire sutures after careful cleansing of the peritoneal cavity (there was no bleeding), and then dressed with carbolized gauze. Symptoms of peritonitis began to develop, and in spite of all remedies progressed to a fatal issue on July 7. The temperature was 102° - 103° till shortly before death, when it rose to 106° .

Autopsy, July 8th. Recent lymph was found over a considerable portion of the belly contents, with an ounce of pus in Douglas's *cul-de-sac*. No hæmorrhage had occurred.

CLINICAL REPORTS.

CLINICAL LECTURE ON LUPUS VULGARIS, AT THE COLLEGE OF PHYSICIANS AND SURGEONS OF CHICAGO. By HENRY J. REYNOLDS, M. D. *Professor of Skin-Diseases, Dermatologist to the West-Side Dispensary, Surgeon to the Department of Genito-Urinary Diseases, West-Side Dispensary, Chicago.*

Gentlemen:

I wish to invite your attention to-day to a consideration of the disease known as lupus vulgaris.

The case of the lady before us illustrates the disease in a most typical manner, but before referring to this individual case, I prefer that you have some knowledge of the general characteristics of the disease.

Lupus vulgaris belongs to the class of skin diseases known as "new growths," and owing to the varied appearance of which, in different cases and at different times, numerous names have been applied to it; as lupus exedens, lupus verrucosus, lupus discretus, lupus vegetans, etc., all of which, however, are embraced under the head of lupus vulgaris, and are simply different manifestations of the same disease. It must be understood, however, that the name does not embrace the disease known as lupus erythematosus, which, though somewhat similar in behavior, is usually regarded as an entirely distinct affection. Lupus vulgaris generally first manifests itself in childhood. If not seen by the physician till adult life or old age, the previous history—old scars, etc.—will almost inva-

riably reveal the previous existence of the disease or of trouble of a similar sort. It may last all through life, and it is not contagious. It may occur upon any portion of the integument of the body or of the contiguous mucous membrane, but it is most frequently found upon the face, with a preference for the nose. In the destructive process the skin, mucous membrane and cartilages may be involved, but unlike syphilis it spares the bone. The disease first manifests itself in the form of soft pin-head to small pea-sized brownish red or yellowish papules which, from being deeply seated in the corium, are at first scarcely perceptible to the touch. By enlargement and aggregation of these small growths, which progress extremely slowly, larger nodular or tubercular masses are formed; and by the subsequent breaking down of the same, we have the characteristic ulceration, cicatrization. etc. The small growths may, on the contrary, atrophy and become absorbed without breaking down. The disease, though chronic and very slow in its progress, is an extremely destructive one, especially in the region of the face, sometimes destroying almost the entire nose, eyelids, etc. There is an entire lack of symmetry in the disposition of the lupous growth, occurring as it does in irregular, uneven patches here and there. It may involve only one side of the face and at the same time a portion of an extremity, as in a case at present under my care. The disease, though not uncommon in Germany, is quite rare in this country. The ulcer of lupus vulgaris has a reddish, indolent, granulating base which bleeds easily, and is surrounded by a soft, flat, neither elevated nor undermined margin. Crusting is not a prominent feature, and there is little or no pain connected with the disease.

DIAGNOSIS.—The principal diseases from which lupus vulgaris is to be differentiated are syphilis, superficial epithelioma

and lupus erythematosus. By close attention to the following diagnostic points, a diagnosis can almost invariably be made with positiveness :

LUPUS VULGARIS.

Almost invariably first manifests itself in childhood.

Is not hereditary.

Never occurs in infancy.

Rare in this country.

Papules small, soft, deep, not elevated, and may reappear in the scar.

If female, not necessarily any previous history of abortions.

Generally local.

Progresses very slowly.

Margin ill-defined and uneven.

Never affects the bone.

No syphilitic history.

SYPHILIS.

Usually in adult life.

May be.

It may.

More common.

Larger, harder, elevated, and never reappears in the scar.

If female, may have previous history of abortions.

Liable to be a tendency to general distribution.

More rapid.

Well defined.

It may.

Almost invariably a history of primary and secondary syphilis in adult.

THE ULCER.

Generally begins from an aggregation of points or papules.

Is shallow, with red granulating base.

Margin not abrupt, elevated nor undermined.

Secretion scanty.

Odorless.

Little crusting.

Resulting scar always white.

LUPUS VULGARIS.

Generally begins in childhood.

Starts as multiple discrete papules which may each form an ulcer.

Generally from single point.

Deep.

Margin, abrupt, elevated and undermined.

More profuse.

Fetid.

More crusting.

Often pigmented.

SUPERFICIAL EPITHELIOMA.

Usually found in old age.

Starts within from one or an aggregation of papules which ultimately form only one ulcer.

Not painful.
 Progresses very slowly.
 Becomes irregularly nodular.
 Becomes diffuse and ill-defined.

More or less painful.
 Progresses more rapidly.
 Does not become nodular.
 Does not become diffuse and is well defined.

THE ULCER.

Generally multiple.
 Shallow, with red granulating base which bleeds easily.

Edges ill-defined and neither elevated, everted, nor undermined.

Ill-defined, red, unhealthy skin outside the margin of the ulcer, due to the more diffuse nature of the disease.

Moderate amount of secretion.

Secretion inodorous.

Presence of the characteristic non-ulcerative papules found in the scar and healthy skin.

Usually single,
 Deep, with hard indurated, uneven base.

Edges clean-cut, abrupt, indurated, and everted.

Surrounded by healthy skin.

Secretion more scanty and liable to be tinged with blood.

Secretion fetid.

No elementary papules found at same time as ulcer.

Lupus erythematosus may at once be differentiated from lupus vulgaris by the absence in the former of deep-seated papules, and of ulceration and discharge by its occurring first in adult life, by its symmetrical distribution on each side of the face, as a rule, by its firmly adherent yellow scales, and by the absence of the nodular condition characteristic of lupus vulgaris.

The history of the case we are now about to operate upon is as follows: She is aet. 48, German, though thirty years in this country. Always enjoyed good health (except that she was always subject to what was called eczema) until five years ago, at which time her present disease broke out, appearing first on the right leg, below the knee, where you now see the scar, followed very shortly afterwards by a similar outbreak

in several places on the face. The disease gradually grew worse ever since, some patches becoming atrophied and absorbed and others going on to ulceration, and subsequently cicatrization, etc., till we now find the present distorted, ulcerated condition. You will notice that the lower eye-lid is all gone, both alæ of the nose, and the upper lip are badly involved though not yet ulcerated; an ulcer the size of a dollar on the centre of the fore-head and an indurated, red, nodular and partly ulcerated surface one to two inches in diameter, extending from just below the left eye downwards past the left angle of the mouth to a point beneath the chin.

TREATMENT.—While the patient is being placed under ether we will refer briefly to the treatment. Various methods and remedies are adopted in the treatment of this disease; the simplest, and I may say, the least effective, being the local application of such remedies as green soap, stimulating lotions, caustics, etc. When the affection is mild and there is already a tendency to atrophy and absorption such treatment may be all that is required. Another and more effectual method is that of multiple linear scarification of the part; a number of parallel incisions being made just deep enough to go down to the healthy tissue, the same being then crossed by similar incisions. Another, the most effectual in advanced cases, and the one we will adopt in this case is that of erosion or scraping with the dermal curette. We will now proceed with the operation. The spoon-shaped instrument I now show you is what is called the dermal curette and with it we will scrape away as far as possible the diseased tissue, which as you will observe is easily done, as this lupus growth, whether papular, tubercular or advanced to ulceration, gives way very readily in front of the curette, and scrapes out almost like cheese or rotten wood, leaving at the margins the normal tissue, which is much

more resisting and cannot readily be thus removed. You will observe also that more of this tissue scrapes away than we would have expected, but we must go on till we meet with the resisting healthy tissue. You see we have been obliged, with the rest, to remove almost completely the alæ of the nose, however, in advanced cases like this, nothing short of heroic measures would be of any avail. Having now gotten rid of everything that can be scraped away, we will apply nitrate of silver thoroughly to all the scraped surface, as also to the eyelid and inside of the nose, with a view to destroying any remaining diseased tissues; and will order, as after-treatment, an ointment of iodoform \mathfrak{z} i, pyrogallic acid \mathfrak{z} i, Ung. aq. Rosæ \mathfrak{z} i.

One peculiarity of this case is that we have not good evidence of the existence of the disease in early life. It is not known however, that she did *not* have it, as a history is given of "eczema" which may in reality have been lupus; the papules constantly becoming atrophied and absorbed without giving rise to any well marked lupus symptoms until later in life.*

MERCY HOSPITAL SURGICAL CLINIC, OF PROFESSOR EDMUND
ANDREWS, M. D., LL. D.

I. FISTULA OF THE NECK.

This patient has a *fistula* in his neck, just below and behind the angle of the inferior maxillary bone. Some of the glands in this region are enlarged, but I cannot say whether it is from tubercular infiltration or some other cause, either malignant or

*The patches were entirely healed in three weeks after the operation, but a few spots will require to be scraped again.

non-malignant. This abscess has been on the patient's neck for about a year. Probing reveals the presence of a sinus leading inwards and downwards to several enlarged cervical lymphatic glands; we will now anæsthetize the patient, and divide, with a probe-pointed bistoury, the tissues forming the *fistula*. There are two tuberculous glands present in this abscess. These must be removed to secure recovery, and even then, it cannot always be promised, for, no matter how careful the surgeon may be, sometimes a new abscess will form. In a large majority of instances the operator will be quite successful in eradicating the tubercular disease in the region, by enucleating all of the infiltrated glands he can discover. I have now extirpated the caseous glands, and, with my finger in the *fistula*, I can feel the carotid artery pulsating. This operation has taken a little more time than it would under ordinary circumstances, but, on account of the close proximity of the carotid artery, and to avoid wounding it, I have had to work unusually slowly and carefully. I will not introduce the drainage tube, because it would lie directly on the artery mentioned, and, by the constant pulsation of the vessel against the rubber drainage-tube, the continuity of the arterial walls would, possibly, be injured, though it is by no means certain that such would be the case. In abscesses similar to this, with a large artery near the surface, drainage is best facilitated by the use of silk setons. The etiology, prophylaxis and treatment of these tubercular glands have not been reduced to a science; if they were, it would be much better for the patient. In cases of *sarcoma*, *carcinoma* or *tuberculosis* of any of the superficial lymphatic glands, the lungs, also, are apt to become infiltrated by the disease, the germs being carried to the lungs by the venous system. It is for this reason that surgeons consider it the best treatment to excise these diseased glands. As proof

that the lungs are prone to tubercular infection when the lymphatics are previously affected by a caseous deposition, I will relate the history of a case of glandular enlargement in the axillary region, which before the incision was supposed to be limited to only one or two glands, but after cutting into them many were found to be involved, some twenty or more were removed, and, instead of being entirely superficially located, as was at first supposed, some were found to be very close to the axillary artery. This patient then went east, to Montreal, a peculiarly tubercular climate, at least more so than Chicago. After having been there sometime, a prominent physician, who was eminently able, diagnosed incipient pulmonary *tuberculosis*. The patient was then sent to Colorado, where he in part or almost wholly recovered. *A propos* of this affection, as it is exceedingly interesting, I will mention a patient of mine who had *tuberculosis* of both *testes*; he did not want them extirpated; I did not remove them, and, for a period of twenty years, I have rather defied authorities by not excising these caseous testicles. My treatment has been to lance them occasionally and thus, theoretically, to save them; I have never heard of any of my patients thus treated being affected with *tuberculosis pulmonalis*. Several eastern surgeons agree with me in thinking that there is too much indiscriminate castration as a remedial agency in tubercular *testes*. The patient before us gives a history of *phthisis*, his father having died of the affection. There is no other history of *phthisis pulmonalis* in his family. The silk setons being in place, the wound will be stitched by a continued suture and dressed antiseptically.

II.—CHRONIC SYNOVITIS OF THE LEFT KNEE.

This case of synovitis has continued through a period of three years, and the patient thinks it is a result of having had to kneel at his work for a period of two weeks. Eight

months ago, however, a horse kicked him just below the patella, and the disease has been growing gradually worse since. In a large number of cases of synovitis, the patients can recall some act of violence that the part has received; but, even then, the blow is not always the cause of the inflammatory process, for tuberculosis figures very prominently as an etiological factor in the production of synovial inflammations. This patient was born in Marshall County, Indiana, a not specially tubercular region, if anything more favorable than Chicago. I mention his birthplace, because, if he came from a peculiarly tuberculous climate, we should apprehend that the synovitis would be very apt to be complicated by a caseous deposition in the tissues of the joint. As it is, we do not so much fear it. Inspection does not reveal the hollow that is usually found on each side of the patella. There is no ankylosis of the joint. It permits slight motion without pain. There is too much synovia present. The patient knows comparatively little about the anatomy of the part, but knows enough about the nervous impressions, for such patients usually hold the knee bent at a certain angle, as, in any other position, it is very painful. By this protracted flexion, the muscles, as well as the ligaments, attain a permanent contraction, thus hindering movement. In this case there is an inflammation of all the tissues of the joint; beginning with the synovial membrane, and going down through the bone, involving even the canaliculi. Towards the surface we find the muscles and ligaments are also involved in the inflammatory process. The slightest pressure of the synovial surfaces against each other produces considerable pain; but even a large amount of stretching does not elicit pain. Treatment: Cases of synovitis, either tubercular or non-tubercular, would tend to a spontaneous recovery more readily,

if it were not for the constant friction and pressure to which most patients subject their inflamed knees. Some surgeons think that friction is the only element to be eliminated, and accordingly, secure immobility to effect a recovery. Friction and pressure of the joint-surfaces upon each other are both evil influences, and both must be overcome by the combined help of extension and immobility. In all cases of synovitis except those of rheumatic origin, extension is an important part of the treatment. In the first place Sayre's apparatus, or any simple splint, using rubber adhesive plaster to retain the appliance *in situ* is good treatment. Sayre claims that an effective extension-splint cannot be applied to a bent knee until it is straightened. It is true, his brace is not applicable to bent articulations, but other appliances are perfectly effectual and there is no real difficulty in their use. First, the patient can be kept in bed, and the limb be flexed by putting it over a double inclined plane or a pile of pillows, and applying adhesive-plasters and weight and pulley. By gradually lowering the angle, the limb will be both straightened and kept extended. Secondly, a splint can be arranged in the form of a bent trough, of light tin or brass, fitted to the posterior half of the member, and secured by leather straps laced to the thigh, and for extension, by adhesive straps attached to the legs, extension downward may be made. Thus extension and immobility in the bent position are secured. Sayre's knee-splint is not used advantageously when the patient cannot be seen very often. If not watched, the patient is apt to mismanage the dressing and even to create ulcers on the limb, by the pressure of the edges of the metal supports, whose position he does not know how to control. I like the bent splint above mentioned. It is constructed in the following manner. Take a plaster cast of the posterior half of the leg and thigh, and

have a tinsmith fit a brass or tin casing to it. Above the knee rivet on in front a pair of firm leather flaps to be laced up and thus surround the thigh for counter-extension. The ben, knee will now fit nicely into the splint. Apply a broad adhesive strap on each side of the leg, fasten to the lower end of each strap a piece of strong elastic webbing. Let the webbing run down to friction rollers at the bottom of the splint, then turn it across the rollers, and upward outside of the apparatus and fasten to it a pair of button-knobs, or two buckles. The tightening of these straps makes firm and motionless extension.

LUPUS OF THE LARYNX. *By* FRANK O. STOCKTON, M. D.
*Professor of Laryngology, College of Physicians and Surgeons,
Chicago.*

This disease may well be called one of the curiosities of medicine, both on account of the limited number of cases reported and the scarcity of literature on the subject.

Of the thirteen cases thus far reported, five were contributed by Türck,¹ two each by Tobold² and Mackenzie,³ one each by Ziemssen,⁴ Grossman,⁵ Lifferts⁶ and Beningier.⁷

If the larynx of every subject suffering from cutaneous lupus were examined, Lefferts thinks it would be found more frequently, arguing no doubt from the fact that in most of the cases reported the laryngeal and cutaneous affections were associated.

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1. Zeitschrift d. Gesellschaft d. Aerzte Zu Wien, 1859. No. 11.
 2. Kehlkopfkrankheiten, page 307.
 3. Diseases of the Throat and Nose. Eng. Ed., page 396.
 4. Cyclopædia of Med., N. Y. Ed., VII., page 854.
 5. Aug. Wien Med. Ztg. 1877, XX., page 182.
 6. Am. Jour. Med. Sci., April, 1878, page 370.
 7. Annal. d. Maladies d. l'oreille et du larynx, July, 1878.

The etiology of lupus has never been clearly settled. Undoubtedly some constitutional defect is the cause. Just what this defect is, is very difficult to say. By some writers it is said to be scrofula. This I am unwilling to admit, as the scrofulous ulcerations that I have met with were of a very different character. I am inclined to think that lupus and tuberculosis are allied very closely.

The symptoms of this disease are in no way diagnostic. In the beginning we have possibly some sore-throat, slight difficulty in swallowing and dyspnoea, there is also hoarseness frequently amounting to complete aphonia. These symptoms are progressive in character as the disease advances.

Examination of the larynx reveals marked changes, but nothing peculiar to the disease; in fact, the many points of resemblance to syphilis, cancer and phthisis, are so marked that a diagnosis can only be made in most cases by exclusion, provided of course there is no cutaneous lesion.

Virchow's⁸ description of a case of lupus seen by him will serve as a general description.

"There is an indurated cicatrix studded with thick knobs the size of a pea, extending from the dorsum of the tongue down to its base. The epiglottis was very hard, and bordered with hard warts. From this part the tissues were hardened and warty as far down as the trachea. The arytenoids were deeply ulcerated and surrounded with hard papillary growths."

He further states that the lupus nodules are composed of young and soft granulative tissue, which is usually very vascular. It contains small round cells and originates in the proliferation of the connective tissue and not of the epithelium.

The tendency of the disease is toward destructive ulceration and in apparant healing instead of a healthy cicatrix, a tissue

8. *Die Krankhaften Geschewülste*, II., page 490.

of low vitality is found, which soon becomes the seat of a fresh outbreak.

From what has been previously stated it will be seen that the diagnosis of this disease is by no means easy except it be associated with cutaneous lupus.

In fact, a diagnosis can rarely be made at sight, but only through careful study and treatment.

Cutaneous lupus is considered an intractable disease, so that it would naturally follow that in the laryngeal cavity would be the same.

While not a dangerous disease in itself, the new mouths or warts may be so plentiful that they obstruct the glottis and interfere with respiration.

The action of this trouble is, as a rule, very slow and is occasionally arrested. Experience has shown that surgical and therapeutical means directed against the disease itself have very little or no effect, and that we must treat it through the general system.

The treatment is that usually followed in wasting diseases, viz.: cod-liver oil, and the various tonics. Occasionally caustic applications may be of use, and nitrate of silver appears to give the best results owing to its double action, caustic and stimulant.

To the thirteen cases recorded I wish to add another, making fourteen.

During December, 1884, George L., aged thirty-nine, a shoemaker, came under my care for a slight sore throat and a bad cough.

The patient was very much emaciated and quite pale, and spoke with a peculiar hoarseness. He said he had been troubled with what he thought was catarrh for the past ten or twelve years, but which of late had been getting worse.

On examining the throat it was found that the uvula was very much congested and enlarged, being about one inch long and three-quarter inch wide, and the exterior surface covered with warty growths.

The left palatine arch was very badly eroded, as well as the whole posterior surface of the velum, which was also dotted here and there with the warty growths. The posterior wall of pharynx, from the base of the nares down to the border of the thyroid cartilage, was ulcerated, with scattered groups of the warty prominences, and coated with a thick yellow tenacious mucus.

The larynx on being examined showed the vocal cords very much congested, but no ulcerations. The arytenoids were deeply ulcerated and surrounded with the warts.

STATE BOARDS OF HEALTH.

THE ILLINOIS STATE BOARD OF HEALTH.

The quarterly meeting of *The Illinois State Board of Health* was held at Springfield on October 29 and 30.

The Secretary's report showed that 107 certificates for practice had been issued in the quarter ending September 30, upon diplomas of colleges in good standing.

Three were granted for a certain number of years' practice in the State, and seven duplicates were supplied for lost originals.

Thirty-four applications were refused, owing to the applicants' inability to reach the required standard in examination.

The Board has now ready for publication a Conspectus of Colleges, which will be embodied in the seventh annual report. This valuable conspectus will show the comparative status of every medical college as to requirements, curricula, fees, etc. The effect of this publication and of those which have preceded it will be seen in the alleged number of irregularities, evasions of requirements, granting of diplomas in violation of published and usual conditions—charges which are constantly being presented to the board.

A graduate of a school that has repeatedly found fault with the Board, charging that its graduates were not treated fairly, and heretofore failed to announce the usual preliminary education requirements before admitting students to its classes, although at the same time claiming that the requirements were fully carried out, applied during the quarter for a certificate based upon a diploma issued June 2, 1885. In accordance with the rule of the Board exacting an examination in branches or subjects of the Schedule of Minimum Requirements omitted or neglected by the college from which the applicant is graduated, the certificate was withheld pending such examination. The matter terminated by the withdrawal of the application, the applicant having "a chance to do better" in a neighboring State. His fitness for the study and the practice of medicine, and the manner in which the school enforces the preliminary-education requirement, may be inferred from this final letter:

————— Ill July 11 '85

Mr J H Rauch Sir

In Reply woul Say that I red one year With ——— & with ——— of Ohio 3 years Practiced 3 years tend Lectures the Winter of 80 & 81 Practiced in ——— CO Ohio up to December last Then was at College untel the close on June 2th 85 Was born in ——— CO Ohio 1837 Taught

there & in this State up to the time of Reading Med
thin Dropped off I was Required to furnish a Certificate
on My first Course of Lectures Also a Recommendation
from My Preceptor I have fulfilled the Requirements of
the Collage and Came here to practice but have a Chance to
do better away from here

—have Bought an Intrust in a Drug Store in Ind you will
send my Diploma to ——— Ill if you will send a Certificate
I will be Obligated to you if not all Rite as I am going out of
the State at all evence My age is 48 years Tought 7
Schools 5 Winters in Ohio (& 2 in this State in 1864 & 5)
now it Remains with you the State Board Act on

yours as Ever Truley

————— M. D.

INDIANA STATE BOARD OF HEALTH.

INDIANA MEDICAL PRACTICE ACT.

The quarterly report of the Illinois State Board of Health
says:

“An act regulating the practice of medicine, surgery and
obstetrics was passed by the last Legislature of Indiana, the
same going into effect on the 23d of July.

“While the law is better than none, it is yet very defective
in that it leaves the county clerks the judges of the reputable
character of Medical Colleges, thus placing a most import-
ant trust in the hands of officials who, however honest they
may be, cannot have the special acquirements necessary to
judge correctly regarding a Medical School's standing; and
it is to be feared that this provision of the law will stimulate
the graduation of incompetent individuals.”

THE MICHIGAN STATE BOARD OF HEALTH,

In addition to its previous circulars on the Prevention of the Introduction of Communicable Diseases—has issued a special order (Circular 93) containing the following rules to be enforced in the transportation of dead bodies :

RULE 1. Before being placed in the coffin, the remains of the deceased shall be wrapped in a sheet thoroughly saturated with a strong solution of chlorinated soda, or chloride of zinc, one-half pound to the gallon of water, or a solution made in proportions as follows : water, one gallon: sulphate of zinc, eight ounces; common salt, four ounces.

RULE 2. The coffin shall be packed in a strong box, and shall be surrounded by sawdust, saturated with zinc solution of a strength equal to that required by Rule 1, above

RULE 3. The body shall not be accompanied by persons who (or articles which) have been exposed to the infection of the disease.

RULE 4. The coffin shall not be opened, neither shall the box be opened at the place of destination.

RULE 5. The burial shall take place immediately after arrival at the place of destination.

BOOK REVIEWS.

THE TECHNOLOGY OF BACTERIA INVESTIGATION. *Explicit directions for the study of Bacteria, their culture, staining mounting, etc., according to the methods employed by the most eminent investigators.* By CHARLES S. DOLLEY, M. D. Boston: S. S. CASSINO & Co. 1885. Chicago: W. T. KEENER.

It could hardly be expected that Dr. Dolley, in so small a work, would exhaust the subject he has endeavored to treat. In his preface he states that his work is put forth with the view of stimulating careful study of schizomycetes by American investigators.

He has conveniently grouped his material under three heads: I. General Directions ; II. Special Methods for Investigating Pathogenic Bacteria ; III. Formulæ. Under Part I. he reviews the most approved methods of obtaining and studying micro-organisms; (a) in the living state; (b) fixed, hardened, and stained,—including an allusion to the photographic branch of bacterial study. The author treats very exhaustively of the different modes of cultivation,—devoting, however, surprisingly little space to vaccination and inoculation experiments. Part I. closes with some remarks on what the writer styles “Biological Analysis,” in which there is nothing new or especially interesting.

In Part II. the different recognized specific micro-organisms in disease are described, but we regret that the material col-

lected on such subjects as malaria, diphtheria, syphilis, and yellow fever is so meagre. The specific poisons of scarlatina, measles, meningitis, etc., are merely alluded to.

In Part III., viz., *Formulary*, the directions for the preparation of staining-fluids, culture-media, instructions as regards mounting, specimens, etc., are very full and clear, making the book a valuable one for the laboratory.

The work is placed before the public in an excellent form, but we regret that it is devoid of illustrations, for in no subject, we believe, are illustrations more necessary. We believe it to be a book which the profession needs, and which will fully repay any one who will read what the author has so carefully collected and systematically grouped. At the end of each section, references are given to the different authorities, making it very easy to go back to the original sources of information.

F. C.

A TEXT-BOOK OF NURSING, FOR THE USE OF TRAINING SCHOOLS, FAMILIES, AND PRIVATE STUDENTS. *Compiled by* CLARA S. WEEKS, *Graduate New York Hospital Training-School, Superintendent of the Training-School for Nurses, at Paterson, New Jersey.* New York : D. APPLETON & Co. 1885. pp. 396. Chicago: JANSEN, McCLURG & Co.

Obviously a treatise on nursing should be a condensed and practical hand-book, yet comprehensive and thorough in its instructions, if it aspires to the position of a text-book.

All of these merits belong to this work in a high degree. It not only contains careful and sensible directions for almost all the duties pertaining to the management of the sick-room, but it is also furnished with a complete series of questions

for review and examination, so that it is admirably adapted for use in training schools.

Private students and families will find the book of use, and practitioners, as well as their assistants, will receive some benefit from perusal of its pages.

Some of the chapters are headed as follows : Beds and Bed-making—Bed Sores; Circulation—Pulse—Temperature—Respiration—Ventilation—Warmth; The Observation of Symptoms, Medicines and Their Administration; Food and Its Administration; Enemata—Suppositories—Douches—Counter-Irritants—Cups—Leeches—Poultices—Fomentations, *etc*; Baths—Massage—Urine; Surgical Nursing—Operations—Bones—Fractures—Dislocations; Bandaging; Hemorrhages; Obstetrics; Emergencies; Sick Children—Questions for Review and Examination. E. W. A.

HUMAN OSTEOLOGY, COMPRISING A DESCRIPTION OF THE BONES, WITH DELINEATIONS OF THE ATTACHMENTS OF THE MUSCLES, THE GENERAL MICROSCOPIC STRUCTURE OF BONE, AND ITS DEVELOPMENT. *Wood's Library. 1885.*

This work, as the title implies, is devoted to osteology. In many respects the practitioner and the student of medicine will find it a very interesting and practical treatise on this subject. The author has a happy faculty of blending comparative with human anatomy, which enables the student the more readily to fix important points in his memory, by association, and at the same time to enlarge his ideas of anatomy in general.

That portion of the treatise which relates to the microscopic structure of the bones and their development is excel-

lent. The language is concise without being laconic, and the explanations are so clear that every junior student should readily comprehend them; while for the busy practitioner this is an epitome of the knowledge on these subjects, accepted by the experts of the medical profession to-day. The pages given to ossification are particularly good; by way of illustration read, "the fact that bones are developed from several ossific centres, separated by layers of cartilage, is advantageous to growing animals, for it is necessary to have the shaft ossified to support weight, while other parts remain cartilage and diminish concussion, these acting as buffers to break shock, etc." Under microscopy, the discovery of Mr. Queckett is mentioned, in the statement that lacunæ vary in size and shape in the four great classes of animals, whereby the identity of the bone can be established, as to whether it belongs to a mammal, bird, reptile or fish.

The student who reads this part of the work carefully will find himself prepared to comprehend, intelligently, the pathological changes which osseous tissues undergo.

The descriptive portion is most interesting in two particulars; first, in the application of the principles of mechanics to the attachments of the muscles and to the direction of their force; and second, in the constant allusions, by way of comparison, to the analogous structures in the lower animals.

F. C. S.

RATIONALISM IN MEDICAL TREATMENT, OR THE RESTORATION OF CHEMISM.—THE SYSTEM OF THE FUTURE.
By WILLIAM THORNTON. *Boston. 1885. pp. 46.*

What the writer of this essay calls a new system is described by him as, "The internal treatment of diseases by

chemicals of like nature to those that are found within the body in a healthy state."

This is the nearest approach he makes to committing himself to anything in the disconnected mass of verbiage here presented. The title is misleading, since there is no system formulated in the pages of the book. It contains simply a loose string of meaningless expressions, which the writer has evidently been turning over, for some time, in what he is pleased to term his mind.

Whether he is simply a man of weak intellect, honestly believing in his own vaporings, or a shrewd quack, seeking to advertise himself by his oddity, is not apparent. The little volume, though handsomely printed, has an uncanny look, from the fact that the leaves are printed only on one side.

E. W. A.

THE PEDIGREE OF DISEASE, *being Six Lectures on Temperament, Idiosyncrasy and Diathesis. Delivered in the Theatre of the Royal College, 1881.* By JONATHAN HUTCHINSON, F. R. S., *Professor of Surgery and Pathology in the College, etc.* New York: William Wood & Co. 1885. Chicago.

The point of view from which this old subject is treated is somewhat novel, and has received the approval of Sir James Paget in his Bradshaw Lecture of last year. Doubtless the recent progress of exact pathology has turned away attention, to a great extent, from such vague differences as those implied in the terms diathesis and temperament. Indeed, many pathologists, and especially those who follow the German investigators, practically ignore these terms as being too vague to be called scientific.

Older physicians used to prescribe for the patient's diathesis where we prescribe for his disease, and the minute classification of temperments, in which they delighted, only excite weariness when we recall them now. It is well to inquire, as the writer does however, whether this tendency has not gone too far, and see if it be true, as he claims, that we are now neglecting, unwisely, the study of those differences between man and man of which, for the most part, physiology takes no cognizance, but which may yet prove of much importance in modifying the processes of disease.

In these six lectures the subject is very clearly and comprehensively handled, so as to form a book full of suggestiveness to those who have had much clinical experience.

E. W. A.

ACNE, ITS ETIOLOGY, PATHOLOGY AND TREATMENT, A PRACTICAL TREATISE BASED ON THE STUDY OF ONE THOUSAND FIVE HUNDRED CASES OF SEBACEOUS DISEASE. By L. DUNCAN BULKLEY, A. M., M. D., *Physician to the New York Skin and Cancer Hospital, etc., New York and London*; G. P. PUTNAM'S SONS, 1885, PP. 280.

The author of this treatise has already made himself known to the profession at large by several useful contributions to dermatological literature, and, some years ago, by a translation of Neumann's hand-book of skin diseases, which has long been superseded by more modern treatises of wider scope. The author has here selected the relatively small field of disorders of the sebaceous glands, represented by acne as a type, for the field of his labors. The consequence is, that we find here a volume of over 200 pages, treating fully and well-nigh exhaustively of the topics practically and concisely discussed in a score

of pages in most of the standard text-books of dermatology. Efforts of this kind, are, however, not without benefit to some. There is first the author, who is better for such full study of a particular field, and the embodying of the fruits of his own and of others' research in his pages. There is next the collector of dermatological literature of all sorts, who is pleased to be able to place a good monograph on acne upon his reference-shelves ; and there is last, the general practitioner, who, not content with what he finds more concisely given by others, and eager to prepare himself for a special case, invests with that purpose in view. But there is also a class of people actually harmed by books of this sort. It is they who, themselves suffering from the diseases discussed by any author, purchase his work in the hope to find in this way relief from their trouble. It is those who pay the largest price for their ignorance. There is no class of patients so hopelessly abandoned to the hypochondriacal and valetudinarian side of every disorder, as those who study their own diseases. The last and lowest stage of these unfortunates, is when they study medicine with the same end in view. Nowhere is there such a field for the growth of these morbid impulses, as in the class of disorders represented by acne, a class almost never associated with grave physical disease, but having a chief importance in relation merely to comeliness of the person.

The chapter here given on anatomy, and that also on the nosology of the disorders of the sebaceous glands, are particularly well written, and exhibit the fruits of some commendable pathological work. In the chapter, however, on etiology, the author ignores altogether the causation by ingested medicaments of the disease he discusses. Under the title of "Acne Artificialis," however, under which term are included the eruptions induced by both ingested and externally applied

drugs, in another part of his book, he seems to put such confidence in the results of the studies of Pellizari, Thin, Duckworth, and others, as to justify him in setting the medicamentous rashes aside in a separate category by themselves. And yet it is certain that very few experts of any experience in this field will deny that nearly one half of all cases of acne, which come under their observation, have been aggravated by medicaments swallowed, purchased knowingly of druggists, or incorporated in many of the so-called blood, liver, and kidney-purifiers. Not only the iodine and bromine salts, but also arsenic and other medicinal substances figure in many cases as efficient producers of the disease. It is surprising that the author should consent to reduce this vast subject to the compass of a few paragraphs, seeing that a book fully as large as his might be well and instructively written on this practical point alone. But the great and growing field of preventive medicine calls for more devoted, more self-sacrificing, more unselfishly educated disciples than the average book-maker. It is more lucrative to "treat," than to show how not to "treat." It pays better to have the reputation of "curing," than to watch with confidence and content the final involution of a disorder, whose satisfactory ending has been foretold by science!

With this explanation of the main defects of the book before us, it is just to say that, as regards most other points, the author has given a full and satisfactory review of the literature of his subject.

The formulary appended will prove useful to those who see many cases of disorders of the sebaceous glands; for those who see but few, the chapters on the management of the disease in general, may be consulted with profit. The typographical appearance of the work is all that could be desired.

EPITOME OF DISEASES OF THE SKIN, BEING AN ABSTRACT OF A COURSE OF LECTURES DELIVERED IN THE UNIVERSITY OF PENNSYLVANIA, DURING THE SESSION OF 1883-4. *By* LOUIS A. DUHRING, M. D., *Professor of Skin-Diseases. Reported by* HENRY WILE, M. D., *Clinical Assistant in the Department of Skin Diseases in the University Hospital; Philadelphia*: J. B. LIPPINCOTT COMPANY, *Chicago*, 1885, pp. 130.

This miniature treatise on cutaneous diseases will commend itself to the profession, rather by the just eminence of the author's name, than by its intrinsic excellence. Few beside students of medicine are capable of appreciating in the highest degree a work so small that it dismisses a disease in a paragraph. Still, if adversity has its uses, so also have the helps, the hand-books, the epitomes and the manuals. Among them there are none so useful as those where the abstract is made, not by a penny-a-liner, but by the master himself. Among all the epitomes, therefore, judged by this fair standard, there is none better than Dr. During's useful little compendium.

THE TECHNOLOGY OF BACTERIA INVESTIGATION. *Explicit directions for the study of Bacteria, their culture, staining, mounting, &c, according to the methods employed by the most eminent investigators.* By CHARLES S. DOLLEY, M.D., *Boston*: S. S. CASSINO & Co, 1885. *Chicago*: W. T. KEENER.

It could hardly be expected that DR. DOLLEY, in so small a work, would exhaust the subject he has endeavoured to treat. In his preface he states that his work is put forth with the view of stimulating careful study of schizomycetes by American investigators.

He has conveniently grouped his material under three heads—I. General Directions. II. Special Methods for Investigating Pathogenic Bacteria. III. Formulary. Under part I. he reviews the most approved methods of obtaining and studying micro-organisms, (a) in the living state; (b) fixed, hardened and stained, including an allusion to the photographic branch of bacterial study. The author treats very exhaustively of the different modes of cultivation; devoting, however, surprisingly little space to vaccination and inoculation experiments. Part I. closes with some remarks on what the writer styles "Biological Analysis", in which there is nothing new or especially interesting.

In part II. the different recognized specific micro-organisms in disease are described, but we regret that the material collected on such subjects as malaria, diphtheria, syphilis and yellow-fever is so meagre. The specific poisons of scarlatina, measles, meningitis, etc., are merely alluded to.

In part III. viz. *Formulary*, the directions for the preparation of staining fluid, culture media, instructions as regards mounting specimens, etc., are very full and clear, making the book a valuable one for the laboratory.

The work is placed before the public in an excellent form, but we regret that it is devoid of illustrations, for in no subject we believe, are illustrations more necessary. We believe it to be a book which the profession needs, and which will fully repay any one who will read what the author has so carefully collected and systematically grouped. At the end of each section, references are given to the different authorities making it very easy to go back to the original sources of information.

F.C.

BOOKS RECEIVED.

BOOKS AND PAMPHLETS RECEIVED.

Fownes's Manual of Chemistry. Philadelphia: Lea Brothers & Co. Chicago: Jansen, McClurg & Co.

A System of Obstetric Medicine and Surgery. By Robert Barnes, M. D., and Fancourt Barnes, M. D. Philadelphia: Lea Brothers & Co. Chicago: Jansen, McClurg & Co.

A Text-Book of Pharmacology, Therapeutics and Materia Medica. By T. Lauder Brunton, M. D., D. SC., F. R. S. Philadelphia: Lea Brothers & Co. Chicago: Jansen, McClurg & Co.

The Essentials of Histology. By E. A. Schäfer, F. R. S. Philadelphia: Lea Brothers & Co. Chicago: Jansen, McClurg & Co.

A System of Practical Medicine by American Authors. Edited by William Pepper, M. D., LL. D. Philadelphia: Lea Brothers & Co. Chicago: Jansen, McClurg & Co.

A Practical Treatise on the Diseases of Children. By Alfred Vogel, M. D. New York: D. Appleton & Co. Chicago: Jansen, McClurg & Co.

The Science and Art of Midwifery. By William Thompson Lusk, A. M., M. D. New York: D. Appleton & Co. Chicago: Jansen, McClurg & Co.

Manual of the Diseases of Women. By Charles H. May, M. D. Philadelphia: Lea Brothers & Co. Chicago: Jansen, McClurg & Co.

A Text-Book of Nursing. Compiled by Clara S. Weeks. New York: D. Appleton & Co. Chicago: Jansen, McClurg & Co.

Rationalism in Medical Treatment, or the Restoration of Chemism. By William Thornton. Boston: Published by the author.

Clinical Therapeutics. By Prof. Dujardin-Beaumetz. Detroit: George S. Davis.

Post-Mortem Examinations: with Especial Reference to Medico-Legal Practice. By Professor Rudolph Virchow. Philadelphia: P. Blakiston, Son & Co. Chicago: W. T. Keener.

Epilepsy and Other Chronic Convulsive Diseases. By W. R. Gowers, M. D., F. R. C. P. New York: William Wood & Co. Chicago: W. T. Keener.

A Reference Hand-Book of the Medical Sciences. Edited by Albert Buck, M. D. New York: William Wood & Co. Chicago: W. T. Keener.

Epitome of Diseases of the Skin. By Louis A. Duhring, M. D. Philadelphia: J. B. Lippincott & Co. Chicago: W. T. Keener.

Practical Surgery. By J. Ewing Mears, M. D. Philadelphia: P. Blakiston, Son & Co. Chicago: W. T. Keener.

Applied Medical Chemistry. By Lawrence Wolff M. D. Philadelphia: P. Blakiston, Son & Co. Chicago: W. T. Keener.

Milk-Analysis and Infant-Feeding. By Arthur V. Meigs, M. D. Philadelphia: P. Blakiston, Son & Co. Chicago: W. T. Keener.

Transactions of the Texas State Medical Association. 1885.

The Physician's Visiting-List for 1886. Philadelphia: P. Blakiston, Son & Co. Chicago: W. T. Keener.

Acne, its Etiology, Pathology and Treatment, by L. Duncan Bulkley, A. M., M. D. New York: G. P. Putnam's Sons.

Practical Therapeutics.—A compendium of selected formulas and practical hints on treatment, by Edward J. Bermingham, A. M., M. D. New York: J. R. Bermingham.

A Treatise on Nervous Diseases; their Symptoms and Treatment, by Samuel G. Webber, M. D. New York: D. Appleton & Co. Chicago: Jansen, McClurg & Co.

The Use of the Microscope in Clinical and Pathological Examinations, by Dr. Carl Friedlander. New York: D. Appleton & Co. Chicago: Jansen, McClurg & Co.

The Management of Labor and of the Lying-In Period, by Henry G. Landis, A. M., M. D. Philadelphia: Lea Bros & Co. Chicago: Jansen, McClurg & Co.

Applied Medical Chemistry, by Lawrence Wolff, M. D. Philadelphia: P. Blakiston Son & Co. Chicago: W. T. Keener.

A Text-Book of Medical Chemistry, by Elias H. Bartley, M. D. Philadelphia: P. Blakiston Son & Co. Chicago: W. T. Keener.

Tracts on Massage No. 11; the Physiological Effects of Massage, by Benjamin Lee, A. M., M. D., Ph. D. Philadelphia. 1885.

The Pedigree of Disease, by Jonathan Hutchison, F. R. S. New York: William Wood & Co. Chicago: W. T. Keener.

Inorganic Chemistry, by Edward Frankland and Francis R. Japp. Philadelphia: Lea Brothers & Co. Chicago: Jansen, McClurg & Co.

Cutaneous Memoranda, by Henry G. Piffard, A. M., M. D. Third Edition. New York: William Wood & Co. Chicago: W. T. Keener.

Venereal Memoranda, by P. A. Morrow, A. M., M. D. New York: William Wood & Co. Chicago: W. T. Keener.

Facts and Mysteries of Spiritism, by Joseph Hartman. Philadelphia: Thomas W. Hartley & Co. Chicago: Jansen, McClurg & Co.

Text-Book of Ophthalmoscopy, by Edward G. Loing, M. D. New York: D. Appleton & Co. Chicago: Jansen, McClurg & Co.

Climatology and Mineral Waters of the United States, by A. N. Bell, A. M., M. D. New York: William Wood & Co. Chicago: W. T. Keener.

Diseases of the Lungs, by Prof. Germain Sée. Translated by E. P. Hurd, M. D. Chicago: W. T. Keener. New York: William Wood & Co.

Diagnosis of Diseases of the Brain and of the Spinal Cord, by W. R. Gowers. M. D., F. R. C. P. New York: William Wood & Co. Chicago: W. T. Keener.

PAMPHLETS RECEIVED.

- Surgical Treatment of Cysts of the Pancreas.* By N. Senn, M. D.
- Iritis: Its Relation to the Rheumatic Diathesis and its Treatment.* By Charles J. Lundy, A. M., M. D.
- The Induction of Premature Labor in Certain Cases.* By Walter Coles, M. D.
- Note on a Form of Post-Neuralgic Insanity.* By C. H. Hughes, M. D.
- The Role of Bacteria in Parturition.* By Henry O. Marcy, A. M., M. D.
- A Case of Membranous Occlusion of the Posterior Nares,* by W. E. Casselberry, M. D.
- A New Bandage for Fixation of the Humerus and Shoulder-Girdle,* by Charles W. Dulles, M. D.
- The External Therapeutics of Pulmonary Consumption,* by Thomas J. Mayo, M. D.
- Some of the Surgical Sequelæ of the Exanthemes and Continued Fevers,* by Roswell Park, A. M., M. D.
- Address of the State Board of Health to the People of Pennsylvania.*
- Observations on the Cause and Treatment of Infantile Eczema and Allied Eruptions,* by Henry T. Byford, M. D.
- Abnormal Positions of the Head. What do they Indicate?* By Edward Borck, A. M., M. D.
- The Respiratory Function of the Human Larynx,* by Franklin H. Cooper, M. D.
- A New Electric Light.* Dr. William Chapman Jarvis.
- Clinical Notes on Uterine Surgery.* J. Marion Sims, A. B., M. D. New York: William Wood & Co. Chicago: W. T. Keener.
- Effects of the Use of Tobacco.* Hobart Amory Hare, M. D.
- Report of the Committee on Disinfectants of the American Public Health Association.*
- Transactions of the American Ophthalmological Society.*
- Hereditary or Degenerative Ataxia.* W. Everett Smith, M. D.
- Aids to Surgery.* George Brown, M. R. C. S., L. S. A.
- Aids to Obstetrics.* Samuel Hall, B. A., M. D.
- Aids to Medicine.* C. E. Armand Semple, B. A., M. D.
- Aids to Gynecology.* Alfred S. Guebb, L. R. C. P., M. R. C. S.
- Manuel des Injections sous-cutanées.* Par Bournecille et Bricon.
- Observations upon the Mutual Relations of the Medical Profession and the State.* Donald Maclean, M. D.
- Treatment of the Umbilicus in the New Born.* E. H. King, M. D.
- Transactions of the American Otological Society.*

NEWS ITEMS.

INTERNATIONAL CONGRESS.—SPECIAL ANNOUNCEMENT.—

The Executive Committee of the Ninth International Medical Congress, to be held in the city of Washington, D. C., commencing on the first Monday in September, 1887, having accepted, under Rule 10 of the Committee on Preliminary Organization, the charge of the business of the Congress, hereby give notice to the members of the medical profession that they have been actively engaged upon, and have now nearly completed, the arrangements for this meeting; and they anticipate the hearty coöperation of the profession everywhere in developing this great scientific and humanitarian assembly.

By order of the Executive Committee.

HENRY H. SMITH, M. D., Philadelphia,
Chairman of Executive Committee.

NATHAN S. DAVIS, M. D., LL. D.,
Secretary-General of Ninth Int. Med. Congress.
Chicago, Nov. 24, 1885.

CHICAGO WATER-SUPPLY.—A systematic observation of the varying character of the water-supply of Chicago was begun early in September, under the direction of the Illinois State Board of Health. The chemical examinations by Prof. Long are made weekly, and coupled with the meteorological conditions, recorded and furnished by the U. S. Signal Service for this purpose, will result in a scientific determination of the

relation of the purity of the water-supply to the movement of the sewage contents of the Chicago river.

CHINESE-AMERICAN DOCTORS.—The *Times*, of Los Angeles, California, contains the advertising cards of several Chinese physicians, as follows :

Dr. Yep Bow Yuen

HAS PRACTICED FOR MANY YEARS with the well-known physician, Dr. WON TONG WING, in Canton, and is now opening an office at No. 104 Upper Main st. Can be found at office all hours, day and night.

Dr. Wong Him,

PHYSICIAN AND SURGEON — THE greatest Chinese Doctor. Makes a specialty of and cures Consumption, Diseases of the Head, Throat, Lungs, Liver, Stomach, Blood, etc. Office No. 28 Upper Main st., Los Angeles. P. O. Box 562.

Dr. Ngut Chow.

DR. WONG HAVING GONE TO CHINA, Dr. Ngut Chow, a graduate from the same universities at Hong Kong and Canton, will administer to the patients of Dr. Wong, having been tested and found able by him. No. 125 Upper Main st., Los Angeles, Cal.
DR. WONG.

Presumably these men practice only among their own countrymen, and are as ignorant as the other native physicians of China. The universities mentioned in one card are medical colleges of the lowest possible grade. A large part of the treatment taught consists in scarifying or acupuncture of various parts of the body. A life-sized manikin is used in teaching the different portions of the body to be so treated in the principal diseases. So limited is the knowledge of anatomy and surgery that only the most trivial minor operations are attempted.

THE following words formed the conclusion of a paper lately read by the Rev. Clinton Locke before one of the Chicago

clubs, on the question: "How Does a Doctor Look to a Clergyman?"

"I do really believe that on the face of the earth there is not a class of men more self-sacrificing, more desirous to benefit their fellow-creatures, more regardless of the mere getting of money and attaining of place than the members of the medical profession. I do not believe any of you, unless you have really examined the subject, have any idea of the amount of charitable work done by nearly every doctor in this city. Their time is often extremely valuable. People are often willing to give them any price to come to them, and yet they will cheerfully give hours and hours to the care of the poor, and by the bedsides of families of poor people from whom they know they will receive no remuneration. They are often exposed to very mean treatment. It is well known that they seldom take legal measures to secure their pay, and of this great advantage is taken. Babies do not come into the world with the label 'C. O. D.' pasted on them, nor can a doctor say to a man squirming in a bilious colic, 'Pay me that thou owest, or squirm indefinitely.' Yet, with all this before him, I do not believe any decent doctor ever refused to lend his aid to any suffering creature, no matter whether he was paid, or not paid. I have often known the doctors of St. Luke's Hospital to get up out of their beds in the middle of the coldest nights and hurry to the hospital to relieve, if possible, the agony of some pauper who would not even thank him. All honor to the noble guild of Æsculapius. No men deserve more at the hands of their fellow-citizens than they. Every man here knows what his family doctor is to him, how close a friend, how kind a counsellor, how trusty and how faithful. Think what the world owes of comfort and rescue from pain to the unceasing studies, the high-souled efforts of the doctors of England and America. How little they gain by it. How immeasurably we have entered into the fruit of their labors. Let me sum this up, for my time is out. Doctors are the best friends, the pleasantest company, the most generous, and the most self-sacrificing of any order of men it has been my lot to know."